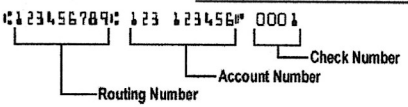


AUTHORIZATION FORM

Organization Name: **Papa's Ministries**

FOR OFFICE USE ONLY		CUSTOMER #		DATE	
Effective date of authorization: ____/____/____					
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change payment amount <input type="checkbox"/> Change payment date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic payment					
Last Name			First Name		
Address					
City				State	Zip
Email Address					
MONTHLY PAYMENT: Date for monthly withdrawal (please check one): <input type="checkbox"/> 1 st <input type="checkbox"/> 15 th <input type="checkbox"/> Other ____ Date of first payment: ____/____/____ Amount of monthly payment: \$ ____					
CHECKING / SAVINGS	Please debit payment from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below)			Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ 	
	I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.				
Authorized Signature: _____			Date: _____		

If using a checking account, please attach a voided check to the bottom of this page.

Return Form (with voided check) to:

Papa's Ministries
 1857 S. County Road 50 W.
 Brownstown, IN 47220