



## Electronic Funds Transfer Authorization

As a duly authorized signer on the financial institution (BANK) account identified below, I authorize **Anchored Love Ministries** (MINISTRY) to perform scheduled or periodic electronic funds transfer debits from my account identified below.

Furthermore, if any such electronic debit(s) should be returned by my BANK for any reason, I authorize MINISTRY to collect a returned item fee of \$30.00 per item by electronic debit from my account identified below.

This authority is to remain in effect until I notify the MINISTRY in writing that I wish to end this agreement, which I may do at any time with a minimum of thirty (30) days prior written notice. I agree that MINISTRY will not be liable for transfers made during such thirty-day notice period.

I understand and authorize all of the above as evidenced by my signature below.

\_\_\_\_\_ Date: \_\_\_\_\_

### AUTHORIZING SIGNATURE

**Monthly withdrawal date:**  5<sup>th</sup>  20<sup>th</sup>

### Withdrawal amount:

\$ \_\_\_\_\_ for the General Fund

\$ \_\_\_\_\_ for \_\_\_\_\_

### Credit/Bank Card Type:

MasterCard  Visa  Discover

Cardholder Name:

\_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

Card #: \_\_\_\_\_

Expiration date: \_\_\_\_\_ / \_\_\_\_\_ CVV #: \_\_\_\_\_