

AUTHORIZATION FOR DIRECT PAYMENT ACH TRANSACTIONS

I/We authorize Baptist Missions To Forgotten Peoples, Inc. to initiate electronic entries to my/our checking/savings account for support of the missionary or mission project listed below on or around the 15th of **each** month. This authority will remain in effect until I notify you in writing to cancel or change it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

Church/Individual, _____
Signed, _____ Position _____ Date _____

Name of Financial Institution Branch

City State Zip Code

Signature (s) of Authorized Account Holders

Name of Account – (Please Print)

Address on Account – (Please Print)

Account No. _____ Checking ___ or Savings ___

Financial Institution Routing Number: _____

I would like to direct my monthly contribution of \$ _____ to the following missionary or mission project:

I have attached a voided check to this form. I have kept a copy of this form for my records.

Thank You