

Electronic Fund Transfer Authorization Agreement

I authorize the Missionary Church, Inc. (World Partners) to initiate entries to my debit account as described below:

Checking Account No. _____

or Savings Account No. _____

Financial Institution's Name: _____

Financial Institution's Address: _____

Please attach a **voided check** (if funds are to be withdrawn from a checking account) or a savings deposit slip (if from a savings account) to this form so that we can obtain the Routing No. of your Financial Institution.

The total amount of _____ should be withdrawn each month from my account as a contribution and credited as indicated below:

| Description of Contribution | Code | Amount |
|-----------------------------|------|--------|
| _____ | | |
| _____ | | |
| _____ | | |

Please withdraw this contribution from my account on approximately the:

_____ 14th or _____ 28th of each month

Beginning _____ / _____
Month Year

The authority to conduct electronic fund transfers is to remain in full force and effect until the Missionary Church, Inc. has received written notification from me of its termination in such time and manner as to afford the Missionary Church a reasonable opportunity to act on it.

Signature: _____

Print Full Name: _____

Date: _____ Phone Number: _____