



PO Box 431, Champlin MN 55316 Tel. 651-342-6809 E-mail: igo.office@igo-worldwide.org

**AUTHORIZATION AGREEMENT
FOR DIRECT PAYMENTS (ACH DEBITS)**

I (we) authorize the International Gospel Outreach to initiate debit entries and, if necessary, to initiate any credit entries to correct an erroneous debit entry to my (our) account at the BANK/DEPOSITORY (identified below), for the purpose of automatically debiting funds from my (our) account. I (we) acknowledge that the origination of these transactions must comply with the provisions of U.S. Law.

YOUR BANK/DEPOSITORY NAME _____

BRANCH _____ BANK PHONE NUMBER (____) _____

CITY where Bank is located: _____ STATE _____ ZIP _____

ROUTING NUMBER _____ See Attached Voided Check (required)

BENEFICIARY NAME: International Gospel Outreach

GLOBAL PARTNER NAME: _____

TRANSFER FREQUENCY _____ AMOUNT OF TRANSFER _____

DATE OF REQUESTED TRANSFER _____

New Authorization Change to Previous Termination

I (we) understand that this authorization replaces any previous authorization and will remain in full force and effect until International Gospel Outreach has received written notification from me (or either of us) of its termination in such time and in such manner as to afford International Gospel Outreach and BANK/DEPOSITORY a reasonable opportunity to act on it.

NAME(S) (Print or Type) _____

YOUR ACCOUNT NUMBER _____

Signature

Date

Signature

Date

Attach voided check