**PO Box 414, Circle Pines MN 55014 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: 1st or 15th of month (circle one)

☐ New Authorization ☐ Change to Previous ☐ rmination

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 |
|---|
| |

10/15/2023 TC