

Beacon of Hope Ministries

1021 1st Ave. No.
Fort Dodge, IA 50501

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENT

I (we) hereby authorize Beacon of Hope Ministries, Fort Dodge, Iowa, to initiate payment charges (debit entries) to my (our) _____ Checking OR _____ Savings account **(CHECK ONE)** and debit my (our) account for the amount indicated below.

Name of financial institution

City _____ **State** _____ **Zip** _____

Account number _____

Financial institution routing number _____ **Please leave blank if you aren't sure of this number.**

PLEASE ATTACH A VOID CHECK.

REGULAR CONTRIBUTIONS:

Select EITHER monthly or semi-monthly and indicate the amount to be transferred:

Monthly amount \$ _____

Semi-monthly amount \$ _____

If you have chosen MONTHLY, please choose ONE of the following as your preferred date to have funds transferred to Beacon's account and indicate the amount to be transferred on the appropriate line:

First of the month (1st) \$ _____ Middle of the month (15th) \$ _____

If you have chosen SEMI-MONTHLY, funds will be transferred to Beacon's account on the 1st and 15th of each month. Please indicate the amount to be transferred on each of those dates.

This authority is to remain in full force and effective until Beacon of Hope Ministries and the financial institution have received written notification from me (or either of us) of its termination in such time and in such manner as to afford Beacon of Hope Ministries and the financial institution a reasonable opportunity to act on it.

Your name(s) (please print)

Date _____ **Signed** _____

Date _____ **Signed** _____