

Authorization Agreement for Direct Payment (ACH Debits)

P.O. Box 546, Brainerd, MN 56401-0546

Company Name: Emmanuel Ministries International

Company ID Number: 45-0373007

I (we) hereby authorize Emmanuel Ministries International, hereinafter called COMPANY, to initiate debit entries to my (our) **Checking Account** / **Saving Account** (select one) indicated below at the depository financial institute named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository					
Name					
Branch Address					
City		State		Zip	
Routing Number					
Account Number					
Amount to contribute monthly (\$)					

On the **25th** of each month, I authorize EMI to debit my account for the above named amount to be designated toward the ministry of _____ of Emmanuel Ministries International.

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on.

Print Name(s)

Signature(s) Date

NOTE: All debit authorizations provide that the receiver may revoke the authorization only by notifying the organization in a manner specified in the authorization.