



## Authorization Agreement for Direct Debits

**Please print clearly:**

Member Name: \_\_\_\_\_ Envelope Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing Number: \_\_\_\_\_

This number is located on the bottom left hand corner of your checks and is always nine digits.

Account Number: \_\_\_\_\_

Amount to be debited: \_\_\_\_\_

Frequency: \_\_\_\_\_

Debits will always be made on Mondays. You may specify weekly, bi-weekly, or monthly (if monthly, please specify which Monday of the month you would like your offering to be debited (ie: 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, or 4<sup>th</sup>)).

Offering is for:  Fair Haven Ministries  Rock Harbor  South Harbor

Fair Haven only: Designation of offering/can be split (General Fund, Debt, Christian Aid):

\_\_\_\_\_

Start Date (week of): \_\_\_\_\_

I (we hereby) authorize Fair Haven Ministries to initiate debit entries to my (our) \_\_\_\_\_ Checking \_\_\_\_\_ Savings (select one) account indicated above at the depository financial institution named above, and to credit the same to Fair Haven Ministries, Rock Harbor, and/or South Harbor as specified above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Note:* All changes to, or cancellations of, authorization must be in writing and given to Fair Haven Ministries, Attn: Margaret.