



Automatic Contribution Plan

Authorization Agreement for Direct Payments (ACH)

I/We hereby authorize New Life Union Mission, hereafter called MISSION, to initiate debit entries to my/our checking savings account (select one) indicated below on the 5th day of each month to cover my/our monthly contribution at the financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account.

Depository Name: _____

Routing Number: _____

Account Number: _____

City: _____ State: _____ Zip: _____

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

IMPORTANT: *Please attach a VOIDED CHECK, NOT A DEPOSIT SLIP, if the transfer will be from your checking account. It will be used to verify the bank transfer only.*

Name(s): _____ Date: _____

Signature(s): _____

NOTE: The names and signatures of all account holders must be included.

Please mail the completed form with attachments to the P.O. Box below. Thank you.