Authorization Agreement
For Automatic Debit

I (we) hereby authorize First Love International Ministries to initiate credit entries and to initiate if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the depository (bank/credit union) named below to credit and/or debit the same to such account.

Financial Institution _____ Branch (if applicable) _____ Transit/ABA # _____

City, State, Zip _____ Account Number _____

Type of Account ☐ Checking ☐ Savings

Date of the month for withdrawal ☐ 10th ☐ 25th

Amount of withdrawal $_____ Month I (we) wish to begin _____

This authority is to remain in full force until First Love International Ministries has received written notification from me (or either of us) of its termination in such time and in such manner as to afford First Love International Ministries and bank/credit union a reasonable opportunity to act on it.

E-Mail Address _____ Person(s) / Ministry to be Supported _____

Name (Please Print) _____ Address _____

Signature _____ Date _____

Name (Please Print) _____

Signature _____ Date _____

Please include a voided check (can not process without this)

Please retain a copy of this agreement for your personal records.

First Love International Ministries P.O. Box 15836 Loves Park, IL 61132