

ACH TRANSFER AUTHORIZATION FORM

Automatic withdrawal of your monthly donation is a safe, timely, and cost-effective way to support God's work through the ministry of World Partners missionaries.

Authorization Agreement: I authorize the Missionary Church, Inc. (World Partners) to initiate entries to debit my account as described below:

Donor Name (individual or organization): _____

Donor Address: _____
Street number City State Zip Code

Financial Institution Name: _____

Account Number: _____

Circle one: Checking Account / Savings Account

Financial Institution's Routing/Transit Number: _____

Contribution for:	Code (if known)	Amount

Please withdraw this/these amounts on the (circle one): 14th 28th

Please begin ACH in (month, year): _____

The authority to conduct ACH transfers is to remain in full force and effect until the Missionary Church, Inc. has received written notification from me of its termination in such time and manner as to afford the Missionary Church a reasonable opportunity to act on it.

Signed: _____ Date: _____

Print Full Name: _____

Phone Number: _____ Email Address: _____

Please return your completed form to:

**Missionary Church Financial Services
PO Box 9127
Fort Wayne, IN 46899-9127**

Questions? Contact us at 260-747-2027 or info@wpartners.org