



# International Sanctuary Ministries

PO Box 2238  
Abilene, TX 79604

www.sanctuaryministries.org

## ACH Origination Agreement

### Credit/Debit Authorization Form

#### Authorization Agreement for Payment/Direct Deposit

I (we) hereby authorize International Sanctuary Ministries, Inc. ("COMPANY") to initiate entries to my checking/savings accounts at the financial institution listed below ("FINANCIAL INSTITUTION"), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until COMPANY is notified by me (us) in writing to cancel it in such time as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Donor Name \_\_\_\_\_  
(Please print.)

Financial Institution \_\_\_\_\_

Routing Number \_\_\_\_\_  
(Nine digits, in between the ■■ symbols on the bottom left of the check.)

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

Account Type:  Checking  Savings

Amount: \_\_\_\_\_  One Time  
 Recurring:  Monthly  
 Quarterly  
 Other \_\_\_\_\_

Donor Signature \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City, State) (Zip)

Phone # \_\_\_\_\_ Email \_\_\_\_\_