

AUTOMATIC BANK DRAFT AVAILABLE

Family Life Missions has the capability to process automatic bank drafts. At the present time, we plan to process all automatic bank drafts anywhere from the 10th to the 15th day of each month. If you would like to make your monthly donation using this automatic bank draft process, please complete the bottom of this form and return a voided check for the account you wish to be debited. You will also need to indicate the amount of the monthly debit on the check.

Please contact us at (662) 324-8472 or info@familylifemissions.org if you have any questions or need additional information.

AUTHORIZATION AGREEMENT FOR PREAUTHORIZATION PAYMENTS
FAMILY LIFE MISSIONS, INC. 64-0819926

I (we) hereby authorize **Family Life Missions, Inc.**, hereinafter called **COMPANY**, to initiate debit entries to my (our) Checking account indicated below and the depository named below, hereinafter called **DEPOSITORY**, to debit the same to such account.

DEPOSITORY

NAME: _____
BRANCH: _____
CITY: _____
STATE: _____ ZIP: _____
TRANSIT/ABA NO. _____ ACCOUNT NO. _____

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

NAME (S): _____ SS# OR TAX #: _____
DATE: _____
SIGNED: _____

Please mail to: PO Box 928 Starkville, MS 39760
PLACE VOIDED CHECK HERE
RECORD AMOUNT OF DEBIT ON CHECK