

TNT YOUTH MINISTRY

www.tntyouthministry.com

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH)

To make a one-time OR a recurring donation to TNT Youth Ministry via direct transfer of funds from your bank account, please fill out this form and MAIL to TNT Youth Ministry. **Thank you!**

TNT YOUTH MINISTRY
510 Stevens Road
Ephrata, PA 17522
(717)381-1688

I hereby authorize **TNT YOUTH MINISTRY** to initiate debit entries to my

_____ **Checking Account** _____ **Savings Account** (please select one)

Indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I acknowledge that the originations of ACH transactions to my account must comply with the provisions of U.S. law.

Depository Name: _____

Address: _____

City: _____ State: _____ Zip _____

Routing Number _____

Account Number _____

***Please attach a voided check**

This authorization is to remain in full force and effect until **TNT YOUTH MINISTRY** has received written notification from me of its termination in such manner as to afford **TNT YOUTH MINISTRY** and **DEPOSITORY** a reasonable opportunity to act upon it.

I am authorizing a:

Monthly* Donation of \$ _____

One-time Donation of \$ _____

Special Notes or Instructions: _____

Name: _____

(please print)

Date: _____ **Signature:** _____

*Monthly donations will be debited from your account on the last Friday of each month.