



Ahava Ministries, Inc.

P.O. Box 247
Winona, MS 38967
www.ahavaministries.org

Debit Authorization Form

Schedule your contribution to be automatically deducted from your bank account. Just complete and sign this form to get started!

You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged the amount indicated below each month. The charge will appear on your bank statement as Ahava Ministries.

Please complete the information below:

I _____ authorize Ahava Ministries, Inc. to debit my account
(full name)

indicated below for \$ _____ on the first Monday of each month for my contribution.

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Checking/ Savings Account

	Checking	Savings
Name on Acct	_____	_____
Bank Name	_____	_____
Account Number	_____	_____
Bank Routing #	_____	_____
Bank City/State	_____	_____

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Ahava Ministries, Inc. in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next withdrawal date.. I acknowledge that the origination of Ahava Ministries, Inc. transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.