

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

I hereby authorize Word & Deed to initiate debit entries to my (our) checking/savings account at the financial institution listed below. This authority will remain in effect until Word & Deed is notified by me in writing to cancel it in such time as to afford Word & Deed and the financial institution a reasonable opportunity to act on it.

*** Please complete the following information. Please print. ***

CUSTOMER INFORMATION	
Account Holder's Name(s)	
Account Holder's Address	
Email Address	
Phone Number	

FINANCIAL INSTITUTION INFORMATION	
Bank Name	
Bank Transit Routing Number	
Account Number	Checking ____ or Savings ____
Amount of Payment	\$ _____ monthly

Additional Comments

Signature: _____ Date: _____

Please attach a voided check. Thank you!