

INSTRUCTIONS FOR ELECTRONIC FUNDS TRANSFER FORM: Fill out the following fields and mail the form back to:

Sammy Tippit Ministries
Attn: Accounting Dept
PO Box 781767
San Antonio, TX 78278

If you have any questions please call us at 210-492-7501 or email at stm@sammytippit.org.

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

COMPANY NAME: SAMMY TIPPIT MINISTRIES

I (we) hereby authorize Sammy Tippit Ministries, hereinafter called COMPANY, to initiate debit entries to my (our) Checking account indicated below at the depository named below, hereinafter called DEPOSITORY, to debit the same to such account. A prenotification will be performed before the initial debit and the debits will take place on the 20th of each month or the following business day in the case of weekends and holidays.

Depository Name _____

Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account No. _____

Please circle your account type: CHECKING **OR** SAVINGS

Amount to be withdrawn: \$ ____ . ____ Start Date: _____

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

Date _____

Name(s) _____
(Please Print)

Address: _____ City _____ ST _____ Zip _____

Signed X _____ Signed X _____

Note: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.