

Authorization for Direct Payment

I (we) authorize **Ransomed Heart** to initiate on the 20th of each month an automatic withdrawal from my (our) account described below:

Amount of gift: _____

Checking Account No: _____

Or Savings Account No: _____

Financial Institution's Name: _____

Financial Institution's Address: _____

Please attach a voided check or a savings account deposit slip. This authority is to remain in full force and effect until **Ransomed Heart** has received written notification of its termination and they will act on the request in a timely manner.

You will receive an acknowledgement for your gift that can be used for tax purposes.

Date: _____

Address: _____

Daytime Phone No: _____

Email Address: _____

Signature: _____

Printed Name: _____

Joint Account Signature: _____

Printed Name: _____

This completed form along with a voided check or a savings account deposit slip must be mailed to:

Ransomed Heart Ministries
PO Box 51065
Colorado Springs, CO 80949

Please expect approximately 2-3 weeks for your automatic withdrawal to be set up.