

CUSTOMER AUTHORIZATION FOR AUTOMATIC DONATION CONTRIBUTION

For God's Children International, P.O. Box 434, Council Bluffs, IA 51502 / 712-328-3776

Purpose of Authorization: (Check one)

____ New Authorization
(Complete A,B,C and F)

____ Changes to existing authorization
(Completed (A,B,D and F)

____ Cancellation
(Complete A and E)

A. Customer Information

Customer Name (please print)

Social Security Number

Customer Address

B. Banking/Financial Institution Information

Name of Bank/Financial Institution

Phone # of Bank

Address

Routing/ABA No.

Monthly amount to be

Account #

Debited for transfer

Checking

Savings

Date of the month for transfers

C. New Authorization Statement

I authorize For God's Children International to debit the above amount from the financial institution indicated above for withdrawal from my account. I understand I may terminate this agreement at any time by completing another Customer Authorization form and sending it to FGCI, allowing a reasonable time for FGCI to act upon my request for termination. I hereby authorize FGCI to initiate debit entries and initiate, if necessary, credit entries and adjustments for any debit entries in error to my account as indicated above and depository named above to debit and/or credit the same to such account.

Customer signature

Date signed

D. Change Authorization Statement

I authorize and request _____ to make the changes indicated on this form for automatic withdrawals to my account.

Customer signature

Date signed

E. Cancellation Statement

I request that _____ terminate my automatic withdrawal from my account. I will allow a reasonable time for _____ to act upon my request to terminate this agreement.

Customer signature

Date signed

F. Attach a voided check and return form to address above.