

Area Youth Ministry Automatic Debit Form

I (we) hereby authorize Area Youth Ministry, hereinafter called AYM, to initiate debit entries to my account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION debit the same to such account for \$ _____ per month. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution Name and Branch _____

Address _____

City _____

State _____ Zip _____

Rounting/ABA Number _____

Account Number _____

Type of Account: _____ Checking _____ Savings

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

Individual Name (Print) _____

Signature _____

Date _____

Please return this printed form to:
Area Youth Ministry
P. O. Box 11069
Indianapolis, IN 46201