

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

**Company Name: INSTITUTE FOR CHRISTIAN RESOURCES, INC.
PO Box 7494
San Jose, CA 95150
408.226.1986**

I (we) hereby authorize The Institute for Christian Resources, Inc, hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account / Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name (Bank) _____

Branch _____ City _____ State _____ Zip _____

Monthly Debit Amount _____ (check one): 1st of the month; 15th of the month

I (we) understand the debits will start in the month and year of _____

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.

The RECIPIENT may revoke this authorization only by written notification from COMPANY to the ORIGINATOR in such time and in such manner as to afford DEPOSITORY a reasonable opportunity to act on it.

SIGN BELOW AND MAIL TO THE ABOVE ADDRESS.

Name(s) _____ Email _____

_____ Email _____

Phone # _____

Signature _____ Date _____

Please attach a voided check here