

Agape: Preauthorized Auto Bank Draft

Name(s) on Account

Address

Phone

City, ST, Zip

E-mail

Bank Name

Account Number

City

State & Zip

Transit/ABA (Routing) Number

Amount of Debit

Transfer Frequency: 1st of each month

Start Date

I hereby authorize Agape to initiate debit and/or credit entries to my account indicated above for the purpose of preauthorized drafts. This authority is to remain in effect until Agape receives written notification of its termination in such time and manner as to afford Agape a reasonable opportunity to act on it.

Signature

Date

Signature

Date

Thank you for partnering with Agape to meet the needs of vulnerable children!