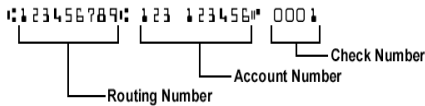


AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS

Foundation Ministries, Inc.

ES8314

Donor # (leave blank if not applicable)			
Last Name		First Name	
Address			
City		State	Zip

Please debit my donation from my (check one): <input type="checkbox"/> Checking Account (attach a voided check) <input type="checkbox"/> Savings Account (contact your financial institution for Routing #)	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i>
	Account Number: _____  <p>The diagram shows a MICR line: ⑆ 1 2 3 4 5 6 7 8 9 ⑆ 1 2 3 ⑆ 1 2 3 4 5 6 ⑆ 0 0 0 ⑆. Brackets below indicate: 1-9 is Routing Number, 1-6 is Account Number, and 000 is Check Number.</p>

Date of first donation: _____ / _____ / _____	Frequency of donation: <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 5 th and 20 th <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	Fund designations and amounts: <input type="checkbox"/> General Operating \$ _____ <input type="checkbox"/> Property Development \$ _____ <input type="checkbox"/> Special Missions \$ _____
Special Instructions: _____		

AGREEMENT

I authorize the above organization and Vanco Services, LLC to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature: _____ Date: _____