



**AUTHORIZATION AGREEMENT FOR AUTOMATIC CONTRIBUTIONS
(ACH DEBITS) TO DISCOVER HOPE 517 MINISTRY-GIVING**

I hereby authorize Discover Hope 517 Ministry to initiate debit entries to my account indicated below and the Financial Institution named below, to debit the same to such account. This authority is to remain in full force and effect until Discover Hope 517 Ministry has received written notification from me of its termination in such time and manner to allow a reasonable opportunity to act upon the request.

Your Financial Institution Name Branch

Bank Address City and State Zip

Routing/Transit Number Account Number

Type of Account: ___ Checking (*attach voided check*) ___ Savings (*attach deposit slip*)

Contribution options and amounts:

Weekly: Every Friday Amount: _____

Monthly: on the 15th Amount: _____

Print Name Envelope Number

Signature & Date

PLEASE ATTACH A VOIDED CHECK OR A DEPOSIT SLIP AND SUBMIT THIS FORM TO:

**Discover Hope 517 Ministry
PO BOX 331
Newton IA 50208**