Direct Debit Authorization Form

*Please fill out the information below and return to f2fmi with a **Voided Check** to:*

Faith 2 Faith Ministries, Incorporated
P.O. Box 38
Montville, CT 06353
USA

1. Contact Information:

Name: _____
Street: _____
City: _____ State: ____ Zip: _____
Email: _____
Phone: _____

2. Instructions:

Amount to debit: $_____
What day of the month? 1st 15th (circle one)
Name of Bank: _____
Routing #: _____
Account #: _____
How many re-occurrences? ____ Payments
Designation: _____
Other instructions:
_____
_____
_____

3. Signature:

I hereby authorize f2fmi to debit my account according to the instructions stated above.

_____ _____
Signature Date