

## AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

The Wesleyan Church, 13300 Olio Road, Fishers, IN 46037  
Mailing address: PO Box 50434, Indianapolis, IN 46250  
Global Partners Department (317) 774-7950 globalpartners@wesleyan.org

I (we) hereby authorize GLOBAL PARTNERS, hereinafter called GP, to initiate debit entries to my (our) checking account indicated below and the depository named below, hereinafter called Depository, to debit the same to such account on the 10<sup>th</sup> of each month.

MONTHLY AMOUNT AUTHORIZED: \$ \_\_\_\_\_

GP DESIGNATION/FUND: \_\_\_\_\_

DEPOSITORY (BANK)

NAME \_\_\_\_\_ BRANCH \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

ROUTING NUMBER \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_  
9-digit number at the bottom left of check numbers at middle bottom of check

This authorization is to remain in full force and effect until GP and Depository have received written notification from me (or either of us) of its termination in such time and in such manner as to afford GP and Depository a reasonable opportunity to act on it.

NAME(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

CHURCH \_\_\_\_\_

DATE \_\_\_\_\_ SIGNED X \_\_\_\_\_ SIGNED X \_\_\_\_\_

**NOTE: All written debit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.**

**Mail this completed, signed EFT Authorization Form with a voided check to:**

Global Partners  
PO Box 50434  
Indianapolis, IN 46250