

Methodist Cursillo of Mississippi
P. O. Box 13851
Jackson, MS 39236-3851

AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS
(BANK DRAFTS)

Contributor name: _____

Monthly amount: \$ _____

Bank name: _____

Bank Transit/ABA #: _____

Bank Account #: _____

Checking account _____ Savings account _____

I (we) hereby authorize Methodist Cursillo of Mississippi to initiate electronic debit entries to my (our) Checking or Savings account indicated above and the depository named above, hereinafter called Bank, to debit the same such account. I (we) agree to furnish Methodist Cursillo of Mississippi a voided check to initiate this process.

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

Signed: _____ Date _____
(authorized signatory on bank account)

Signed: _____ Date _____
(authorized signatory on bank account)

ATTACH A VOID CHECK