

Pre-Authorized Debit Authorization

Yahweh's Restoration Ministry

I hereby authorize ***Yahweh's Restoration Ministry*** to electronically debit my account.

Donor Name (Please Print): _____

Donor Phone Number: _____

Donor Email: _____

Donor Mailing Address: _____

Bank Name: _____

Bank Address: _____

Checking Account Account No. _____

Savings Account Routing No. _____

Frequency (Check One): 1st Day of Each Month 15th Day of Each Month

Amount: \$ _____

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Customers Signature

Date

Please Attach a Blank Voided Check