



## ACH Authorization Form

### CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize Deaf Missions to initiate entries to my (our) checking/savings account at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Deaf Missions is notified by me (us) in writing to cancel or change it, in such time as to afford Deaf Missions and the financial institution a reasonable opportunity to act on it.

\_\_\_\_\_  
(Name of My Bank/Financial Institution) *[Please Print]*

\_\_\_\_\_  
(Address of My Bank/Financial Institution – Branch, City, State & Zip) *[Please Print]*

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(My Name) *[Please Print]*

\_\_\_\_\_  
(My Address – Street/PO Box, City, State & Zip) *[Please Print]*

\_\_\_\_\_  
(Email Address) *[Please Print]* OR (Phone Number  Voice  TTY  Fax  VP)

Amount: \$ \_\_\_\_\_ per month

Circle withdrawal date preference: 5<sup>th</sup> 20<sup>th</sup>

***Please include a personalized voided check from the above account.***

Please return this form to:  
Deaf Missions  
21199 Greenview Road  
Council Bluffs, IA 51503

Contact:  
Mavis Brink / mavisb@deafmissions.com  
712/322-5493 (Voice/TTY)  
712/322-7792 (Fax)