

David Moerschel Evangelistic Association, inc.
PO Box 724706, Atlanta, GA 31139
800-995-3632 (Voice/FAX)
Our Tax ID: 51-0556630
info@davidmoerschel.org

ACH Debit Authorization Agreement (Direct Donations)

I hereby authorize the DMEA to initiate debit entries to my
_____ **Checking Account (select one)**
_____ **Savings Account**

indicated below at the depository (Bank) financial institution named below and to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Bank Name _____ **Branch** _____
Bank City _____ **State** _____ **Zip** _____
Routing Number _____ **Account Number** _____



Amount \$ _____
Basis: *Monthly/Quarterly/Annually*
Day of the Month: 15
What month to begin: _____

This authorization will remain in effect until you notify us otherwise. *Canceling is simple:* All you have to do is send us a letter or write an email notifying us that you would like to discontinue this service, and we will terminate this agreement immediately.

Donor Name _____

Signature _____ **Date** _____