

Mid-America Mission, Inc.



Woodland Acres Bible Camp

Mid-America Mission, Inc.

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ACH Debit Authorization Form

We offer a direct bank account withdrawal for your monthly contributions to Mid-America Mission, Inc and Woodland Acres Bible Camp!

You can now have your monthly contributions automatically withdrawn from your bank account so you never have to worry about writing the check or forgetting. It's easy and safe! Simply complete the following form, attach a copy of a blank check to this form and return to **Mid-America Mission, Inc.**

Thank you so much for your faithful contributions and prayerful support of MAM/WABC. *(This automatic debit is strictly an option available to you. You may continue to send your contributions the way you prefer.)*

Debit Authorization

I (we) hereby authorize Mid-America Mission, Inc, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for tax-deductible receipt. I (we) acknowledge that the origination of the ACH transactions to my (our) account must comply with the provisions of U.S. law.

(your)-Financial Institution Name _____

Branch / Location _____

Address _____ City/State _____ Zip _____

Routing Number _____ Account Number _____

Type of Acct: _____ Checking _____ Savings

*Please apply my contribution as follows: Fund _____ \$ _____

Fund _____ \$ _____

Fund _____ \$ _____

Fund _____ \$ _____

Other _____ \$ _____

*Notice: You may have your funds debited on the 5th or 20th of each month. Missionaries are paid on the 15th and 30th of each month. Please circle the date you would like to have your account debited: 5th or 20th

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

Print Name _____ Signature _____ Phone _____

Date: ____/____/____ (Office use) – Individual ID # _____

PLEASE ATTACH COPY OF A BLANK CHECK TO THIS FORM