

Bethesda Outreach Ministry International, Inc.



Direct Debit Authorization Form

I hereby authorize Bethesda Outreach Ministries International, Inc. to directly debit my charitable donation from the financial institution and the account number listed below. This authority is to remain in full force and effect until Bethesda Outreach Ministries International, Inc. has received written notification from me of its termination in such time and in such manner as to afford Bethesda Outreach Ministries International, Inc. and their bank a reasonable opportunity to act on it.

Bank Account to withdraw donations from:

Financial Institution: _____

Routing Number: _____

Account Number: _____

Type of Account (circle one): checking savings

Monthly amount to withdraw: \$ _____

(Donations greater than \$5,000 may be broken up into multiple debits.)

Day of month to withdraw the funds: _____

(Your donation will be withdrawn on or after the date noted above.)

Designation(s) for your contribution: _____

By signing this form, you are testifying that you are the owner of the above account and authorized to approve debits.

Signature: _____ Date: _____

Name: _____ Email _____

Mailing Address: _____

Phone Number: (_____) _____ - _____

Processing direct debit authorizations may take up to 2 weeks to complete.

**Please mail your completed form to:
BOMI PO Box 2429, Elkhart, IN 46515.**