



ACH AUTHORIZATION AGREEMENT (ACH Debits)

I (we) hereby authorize Kingdom Causes to initiate debit entries to my (our) Checking Account/
 Savings Account (select one) indicated below at the depository financial institution named
below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we)
acknowledge that the origination of ACH transactions to my (our) account must comply with the
provisions of U.S. law.

PERSONAL INFORMATION	
Name(s) _____	
Address: _____	
City _____	State _____ Zip _____
Email Address: _____	
Donation for Kingdom Causes: (circle one):	
General Account Alhambra Bellflower Long Beach San Dimas Torrance	
PAYMENT INFORMATION	
Amount of Payment _____	Date of Monthly Payment _____
BANK INFORMATION	
Name _____	Branch _____
City _____	State _____ Zip _____
Routing Number _____	Account Number _____
This authorization is to remain in full force and effect until Kingdom Causes has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Kingdom Causes and DEPOSITORY a reasonable opportunity to act on it.	
Signature(s) _____	Date _____
Signature(s) _____	Date _____
NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS <u>MUST</u> PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.	

Please mail completed form to:
Kingdom Causes
PO Box 90243
Long Beach, Ca. 90809