



**P.O. Box 132982
Tyler, Texas 75713**

AUTHORIZATION AGREEMENT FOR AUTOMATIC DRAFT DONATIONS (ACH DEBITS)

Company Name: Cross Vision Missions Company ID Number: 75-288927

I (we) hereby authorize Cross Vision Missions hereinafter called COMPANY, 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.

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

This authorization 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 in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it

Name(s) on the account: _____

Date _____ Signature(s) _____

NOTE: ONLY NOTIFYING THE COMPANY IN THE MANNER SPECIFIED IN THE AUTHORIZATION MAY REVOKE THIS AUTHORIZATION.

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PLEASE INDICATE THE AMOUNT YOU WOULD LIKE TO CONTRIBUTE MONTHLY:

Amount: _____ (will be automatically drafted during first week of a new month)

Email for confirmation and notification: _____

PLEASE ATTACH A COPY OF A VOIDED CHECK FROM SAME ACCOUNT LISTED ABOVE