

**Electronic Funds Transfer
Authorization Agreement**

I (we) hereby authorize BARNABAS INTERNATIONAL to initiate credit entries and to initiate if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the depository (bank/credit union) named below to credit and/or debit the same to such account.

Depository (Bank) Name Branch Transit/ABA #

City, State, Zip Account Number

Type of Account Checking Savings

Date of the month for withdrawal 10th 25th

Amount of withdrawal \$ _____ Month I (we) wish to begin _____

This authority is to remain in full force until BARNABAS INTERNATIONAL has received written notification from me (or either of us) of its termination in such time and in such manner as to afford BARNABAS INTERNATIONAL and bank/credit union a reasonable opportunity to act on it.

E-Mail Address Barnabas staff / ministry to be supported

Name (Please Print) Address

Signature Date

Name (Please Print) Address

Signature Date

Please attach a copy of a voided check
Mail to: Barnabas International • PO Box 11211 • Rockford, IL 61126