

Micah 6:8 Project, Inc.

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize MICAH 6:8 PROJECT, INC to initiate debit entries to my (our) Checking Account/ Savings Account (select one) indicated below at the depository financial institution, hereafter called BANK, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. Law.

Bank Name _____ Checking ___ Savings___ (please select one)

City _____ State _____ Zip _____

Routing Number _____

Account Number _____

Amount to Draw _____ Frequency _____ (i.e. monthly, yearly)

This authorization is to remain in full force and effect until MICAH 6:8 PROJECT, INC has received written notification from me (or either of us) of its termination in such time and in such manner as to afford MICAH 6:8 PROJECT, INC and the BANK a reasonable opportunity to act on it.

Name _____ Date _____

Street _____

City _____ State _____ Zip _____

Phone _____ Email _____

Signature _____

Mail to: Micah 6:8 Project c/o Kim Williams 7251 E Moody Road Oaktown, IN 47561