

ACH AUTHORIZATION

Date: _____

From: Aletheia Global Missions
P.O. Box 312
Savage, MN 55378

RE: Authorization to Debit Checking Account

Dear Sir or Madam:

This letter serves as written authorization under which we agree to allow Aletheia Global Missions to electronically charge our checking account at _____ bank each month in the amount of \$_____. A copy of a voided check from the bank and account from which the funds are to be withdrawn is attached.

This agreement shall remain in effect until canceled by 30 days written notification to Aletheia Global Missions and Klein Bank, Attention ACH Manager, 14141 Glendale Road, Savage, MN 55378.

Yours truly,

Name

Street Address

City, State, Zip

Telephone

Signature