



ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION AGREEMENT Insurance Payments

Please return completed form by email to <u>Foursquare.GGB@aiq.com</u>.

PART I: REASON FOR SU	BMISSION	·		
☐ New EFT Authorization			Revision to Current Authorization (e.g. account or bank changes)	
PART II: INFORMATION				
Church Name			Church Number	
Street Address		***************************************		
City		State	Zip Code	
PART III: FINANCIAL INS	FITUTION INFORMATION	ON		
Financial Institution Name				
Financial Institution City/Town		Financial Institution	Financial Institution State	
Financial Institution Telephone Number		Financial Institution	Financial Institution Contact Person	
Financial Institution Routing Transit	Number (nine digit)			
Depositor Account Number		Type of Account (che	eck one) []Savings Account	
Please include a void	ed check or a confirma	tion of account in	formation on bank letterhead.	
When submitting the documenta number and type. If submitting to be used to verify your account in	pank letterhead, the bank of	ame on the account ficer's name and sign	, electronic routing transit number, account ature is also required. This information will	
PART V: AUTHORIZATIO				
hereby authorize the Foursqua nitiate debit entries and to initia	re Church (International Churc te adjustments for any duplic	ate or erroneous entr	ospel/ICFG) and/or its affiliated companies to ies made in error to the account indicated or credit the same to such account.	
This authorization agreement is en the sauthorization agreement is en the sauthorization of the sauthorization areasonable institution areasonable ins	effective as of the signature of from me of its termination in the opportunity to act on it. IC otified by me that I wish to ci	tate below and is to reason such time and such FG will continue to set hange the Financial In	emain in full force and effect until ICFG manner as to afford ICFG and the and my payments to the Financial stitution receiving my payments. If my	
SIGNATURE LINE				
Signature 1	Name(Printed)	Title	Contact Phone	
Signature 2	Name(Printed)	Title	Contact Email	