



## Relationship Partner Direct Debit Authorization Form

Please *complete* the form below and mail it with a *voided check* to *Chris Gohn* at Servants.

I, \_\_\_\_\_, hereby authorize Servants, Inc. to begin Direct Debiting my bank account number: \_\_\_\_\_ at

\_\_\_\_\_ Bank, Routing/ABA # (9 digits) \_\_\_\_\_,

In the amount of \$\_\_\_\_\_. This is a  Checking account or a  Savings account (*please check one*). I understand that my account will be debited on the 20<sup>th</sup> of each month.

*To ensure accuracy, please attached a voided check.*

Please apply my gift to the following ministry):

\_\_\_\_\_ Servants (*Where Most Needed*)

\_\_\_\_\_ Home Helps

\_\_\_\_\_ Serving at-Risk Families in Guatemala

\_\_\_\_\_ SARF Family Sponsorship/Family Name: \_\_\_\_\_

\_\_\_\_\_ Disaster Recovery

\_\_\_\_\_ Mission Trip Costs

\_\_\_\_\_ Serving at-Risk Families in Dominican Republic

\_\_\_\_\_ Missionary Support/Missionary Name(s): \_\_\_\_\_

This authorization remains in effect until written notice to terminate or alter this authorization is give to Servants by me. If my bank account information changes, I will promptly notify Servants so that the debit can be made from the correct account.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date