

Automated Giving

Information

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Check one of the following

- New enrollment
 Change in amount
 Change in account

Please select the frequency and amount of transfers

- Monthly in the amount of \$ _____
 Bi-Monthly (twice per month) in the amount of \$ _____
 Weekly in the amount of \$ _____
 Other (please specify frequency) _____ in the amount of \$ _____

When do you want the Auto Debit to begin (date of first transaction)? _____

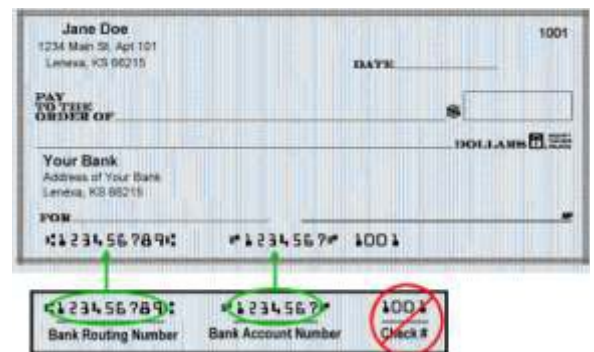
Account Information

Bank Name _____

- Checking
 Savings

Account # _____

Routing # _____



Authorization

I authorize Addicted to Jesus, Intl. to process debit entries to my account as indicated herein. I have attached a voided check. This authority will remain in effect until I give reasonable notification to terminate this authorization.

Authorized Signature* _____

*Must be same signature as on the account — All gifts are tax deductible — If you have questions, contact us at alan@atoj.org

****ATTACH VOIDED CHECK TO THIS FORM****