

ACH Payment Authorization

_____ - **Recurring Withdrawal:** You authorize regularly scheduled withdrawals from your Bank Account. The withdrawal will be monthly and in the amount as indicated below. A receipt for your donations will be provided to you and the withdrawals will appear on your Bank Account Statement each month. You agree that no prior-notification will be provided for each month's recurring debit.

I _____ authorize Global Impact Ministries, Inc. to debit my bank account for \$ _____ beginning on _____ (Date) and recurring on the _____ day of each month designated to _____ (GIMI, Groover, Loko, Perry, or a certain project, etc.).

-OR-

_____ - **One (1) Time Withdrawal:** You authorize a one-time withdrawal from your bank account in the amount of \$ _____. By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account.

I _____ authorize Global Impact Ministries, Inc. to debit my bank account for \$ _____ on _____ (Date) designated to _____ (GIMI, Groover, Loko, Perry, or a certain project, etc.).

Billing Details

Billing Address _____ City _____ State _____ Zip _____

Phone Number _____ Email Address _____

Bank Information: ___ Checking Account ___ Savings Account

Name on Account _____ Bank Name _____

Account Number _____ Routing Number _____

(Please provide a "voided" check)

I understand this authorization will remain in effect until I cancel it in writing. I agree to notify GIMI of any changes in my account information or termination of this authorization at least 15 days prior to the next withdrawal date. If the above noted withdrawal dates fall on a weekend or holiday, I understand that the debit may be executed on the next business day. I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of a debit being rejected for Non-Sufficient Funds (NSF) I agree to reimburse GIMI for any charges they may incur. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this form.

Signature _____ **Date** _____