



AUTHORIZATION FORM FOR DIRECT PAYMENT ACH DEBITS

I (we) hereby authorize Arrow Outreach, EIN 75-3222777 to initiate debit entries to my (our) account indicated below, and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit entries for \$ _____ on an annual _____ monthly _____ basis to my (our) account indicated below, and the financial institution indicated below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of US law.

Financial Institution Name:
Address:
City/State:
ZIP:

Account Name:
Routing Number:
Account Number: Checking: <input type="checkbox"/> Savings: <input type="checkbox"/>

Process my gift automatically on the 1st or 15th of every month.

This authority is to remain in full force and effect until Arrow Outreach has received written notification from me (or either of us) of its termination in such time and manner as to afford Arrow Outreach and the FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Print Name:
Signature:
Date:

PLEASE ATTACH A COPY OF A VOIDED CHECK TO THIS FORM

And mail to Arrow Outreach, 8442FM 16, Van, Tx 75790

Or Scan and email to: ArrowOutreach@gmail.com