

**GLOBAL IMPACT MISSIONS
P.O. Box 23074
Lexington, KY 40523-3074**

**AUTOMATIC DEBIT
AUTHORIZATION AGREEMENT**

I hereby authorize Global Impact Missions, Inc. to initiate the automatic debit entries to the account listed below. I _____ understand that automatic debits will only be posted to my account for the date and amount I have listed below.

This authorization will remain in effect until Global Impact Missions, Inc. has received written notification from me at least 30 days prior to the next scheduled debit date.

Signature(s) X _____ X _____

Information for Automatic Debit Entries:

Day of each month that funds will be debited from my account: _____

Amount of funds to be debited from my account monthly: _____

Information for bank account that will debited:

Financial Institution Name _____

Financial Institution ABA Number (Routing Number) _ _ _ _ _

Individual Account Number _____

This account is a checking account savings account (select one)

A voided CHECK must be attached below if the account is a checking account.