

**Bible Education and Missionary Service
Authorization Agreement for ACH (Authorized Clearing House) Origination
Bank Draft Authorization”**

Print this form and fax it to us at 228-832-1695 or e-mail Vicky@beamsbibles.com

I hereby authorize Bible Education and Missionary Service, (228) 832-1096, hereinafter called BEAMS, to initiate debit/credit entries and to initiate, if necessary, debit/credit entries and adjustments for any debit/credit entries in error to my _____Checking or _____Savings (select one) indicated below and the depository named below, hereinafter called Depository, to credit and/or debit the same of such account.

I understand that if I request a Stop Payment to be placed on a debit/credit entry due to circumstances not created by BEAMS, I will be responsible for any charges associated with said Stop Payment.

Name of Your Bank (Depository) _____

City _____ State _____ Phone _____

Name (Church) on Account _____

Your Account Number _____

Transit/Bank Routing Number _____

Monthly Contribution \$ _____ Bibles

Monthly Contribution \$ _____ BEAMS Missionary (name)

Monthly Contribution \$ _____ Ministry Needs

Monthly Contribution \$ _____ Other

Thank you for your generous contribution. It is understood that if a specific need has been met, then excess funds will be used where needed in the BEAMS ministry.

Your contribution will be withdrawn on the 1st day of the month. If the 1st falls on a Saturday or Sunday of the month, your contribution will be withdrawn on the following Monday.

This authority is to remain in full force and effect until BEAMS has received WRITTEN notification from me of its termination in such time and in such manner as to afford BEAMS and Depository a reasonable opportunity to act on it.

This authorization is not valid unless accompanied by a Voided Check or a Copy of a Savings Card.

PRINT NAME

SIGNATURE

DATE

Date of first withdrawal

Office Use Only:

Received _____

Notes _____

Copy and Paste this form into a word document, print, fill out all information and then mail the form to BEAMS, P.O. Box 10200, Gulfport, MS 39505 or fax to (228) 832-1695. If you have questions you can call Vicky Smith at the Office at 228-832-1096.