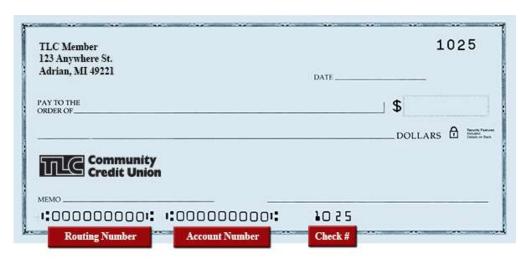
## Donation Information

## I authorize OnFire Ministries:

To initiate entries to my checking/savings account (circle one). This authority will remain in effect until I notify in writing to cancel it in such time to afford the company a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

Name of Financial Institution:			<del></del>	
Branch:				
City:	State:	Zip:		
Signature:		Date:	<del></del>	
Account No:		Checking	Savings	
Financial Institution Routing Number:			<u> </u>	
Amount of each withdrawal: \$Select withdrawal date:				
15 <sup>th</sup> of each month 30 <sup>th</sup> of each month				
Your Name:				
Address:	City:	State:	Zip:	
Phone:	E-mail:			
Please mail original document with a cano to:	celled check from the insti	tution above		
OnFire Ministries, Inc.				
108 Versailles West Monroe, LA 71291				

Attached Cancelled check below





## Electronic Funds Transfer Payment Authorization Form

Retain for your records
On I authorized: (Date)
OnFire Ministries, Inc. to initiate electronic entries to my checking/savings account and have agreed to the terms listed on the authorization with you at any time by writing to the address above.
nitial payment amount: \$
If payment amount changes we will notify you at least 10 days before the regularly
scheduled payment date.) Amount of each withdrawal:
\$
Withdrawal date:
15 <sup>th</sup> of each month
30 <sup>th</sup> of each month



## Electronic Funds Transfer Payment Authorization Form

Retain for your records	
On authorized: (Date)	
	electronic entries to my checking/savings account and have agreed to the terms listed on the e by writing to the address above.
Initial payment amount: \$	
(If payment amount changes we	will notify you at least 10 days before the regularly scheduled payment date.)
Amount of each withdrawal: \$	
Withdrawal date:	
15 <sup>th</sup> of each month	
30 <sup>th</sup> of each month	