

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: _____

Branch: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Account No: _____ Checking Savings

Financial Institution Routing Number: _____

Amount of each withdrawal: \$ _____

Select withdrawal date: _____

15th of each month

30th of each month

Your Name: _____

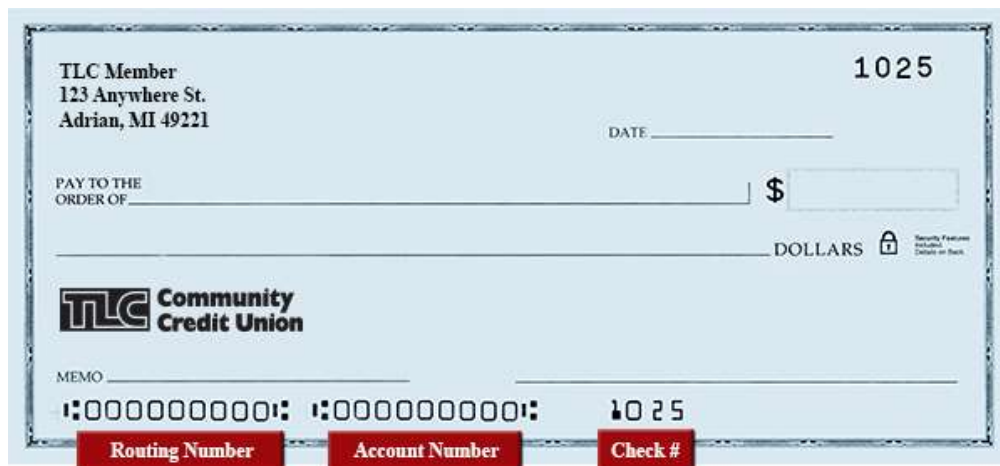
Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Please mail original document with a cancelled check from the institution above to:

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.

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: _____

_____ 15th of each month

_____ 30th of each month



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Retain for your records

On _____ I
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Proverbs 31 Ministries 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.

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: _____

_____ 15th of each month

_____ 30th of each month