



A Friend in Need, Inc.

Giving through A Friend in Need, Inc. 501(c)(3)

AUTHORIZATION AGREEMENT - FOR PRE-ARRANGED PAYMENTS (ACH DEBITS)

Company Name: **A Friend in Need, Inc.**

I (we) hereby authorize A Friend in Need, Inc. hereinafter called COMPANY, to initiate debit entries to my (our): **Checking Account** **Savings Account (select one)**

Indicated below at the depository (Your Bank) named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Yes! I will support this important ministry with monthly support of: \$ _____
To be withdrawn on the 5th / 20th of every month (select one)

Funds to be used for the following:

- Rebro Family Support in Africa
- Program support to fulfill the AFIN Mission

Depository Name _____ Branch _____
(Your Bank) (If known or applicable)

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

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

Name(s) _____
(Please Print)

Date _____ Signature _____

THANK YOU FOR YOUR PARTNERSHIP IN THIS IMPORTANT MINISTRY!

****Donations to A Friend in Need, Inc. are tax deductible under IRS Code section 501(c)(3).**