



Christian Way Missions

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH Debits)

I (we) hereby authorize **CHRISTIAN WAY MISSIONS** to initiate debit entries to my (our)

_____ Checking _____ Savings account (select one) on the seventh day of each month in the amount of \$ _____ indicated at the depository institution named below:

DEPOSITORY NAME _____ **BRANCH** _____

CITY _____ **STATE** _____ **ZIP** _____

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

NAME(S) _____
(Please Print)

DATE _____ SIGNED _____ SIGNED _____

Please include a voided check and return this completed agreement to:

CHRISTIAN WAY MISSIONS
204 Griffin Drive
Greenville, SC 29607

Account Name: Pastor Wayne Johnson/Missions Revival
Phone: (620) 665-8715 (H) and (620) 899-5640 (C)
Email: medorawest@sbcglobal.net
Website: missionsrevival.org

All contributions to **CHRISTIAN WAY MISSIONS/MISSIONS REVIVAL** are 501c3 tax deductible.