



## Authorization Agreement for Automatic Payment

I (We) hereby authorize Sport X Change International to initiate monthly debit entries to the \_\_\_\_\_ **checking** or \_\_\_\_\_ **savings** account (select one) indicated below at the bank named below in the amount of \$\_\_\_\_\_ for the benefit of the following:

Missionary Account in the name of: \_\_\_\_\_.

Your Bank's Name: \_\_\_\_\_

Your Branch Location: \_\_\_\_\_

Bank Phone Number: \_\_\_\_\_

Bank's City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Your Bank's Transit / Routing Number: \_\_\_\_\_

Your Bank Account Number: \_\_\_\_\_

to be deposited to an account in the name of: **Sport X Change International**

account number: \_\_\_\_\_ **50217 563 0** \_\_\_\_\_.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please attach a "VOIDED" check or deposit slip.**

Please provide address to which the receipt is to be mailed.

\_\_\_\_\_