

**Authorization Agreement  
For Automatic Deposit**

I (we) hereby authorize BARNABAS INTERNATIONAL to initiate credit entries and to initiate if necessary, debit entries and adjustments for any credit entries in error to my (our ) account indicated below and the depository (bank/credit union) named below to credit and/or debit the same to such account.

\_\_\_\_\_  
Depository (Bank) Name                      Branch                      Transit/ABA #

\_\_\_\_\_  
City, State, Zip    Account Number

Type of Account                       Checking               Savings

Date of the month for withdrawal               10<sup>th</sup>                       25<sup>th</sup>

Amount of withdrawal \$ \_\_\_\_\_ Month I (we) wish to begin \_\_\_\_\_

This authority is to remain in full force until BARNABAS INTERNATIONAL has received written notification from me (or either of us ) of its termination in such time and in such manner as to afford BARNABAS INTERNATIONAL and bank/credit union a reasonable opportunity to act on it.

\_\_\_\_\_  
E-Mail Address    Barnabas staff / ministry to be supported

\_\_\_\_\_  
Name (Please Print)    Address

\_\_\_\_\_  
Signature    Date

\_\_\_\_\_  
Name (Please Print)    Address

\_\_\_\_\_  
Signature    Date

(Retain two years after revocation)  
**Please attach a copy of a voided check**

**Mail to: Barnabas International • PO Box 11211 • Rockford, IL 61126**