



Pre-Authorized Payment (Debit) Service Authorization Agreement

DONOR INFORMATION

Name (Please Print)			
Home Address	City	State	Zip Code
Best Daytime Phone	Email Address		

DEBIT AGREEMENT

I (we) authorize IM, Inc. and the financial institution indicated on my voided check to electronically debit my (our) checking account once each month as specified below:

Designation for Missionary/Project	Amount
	\$
	\$
	\$
Total Monthly Gift Amount	\$

I wish to have my account debited for the total amount above on the
 5th 20th of each month.

Signature	Date
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Please attach a VOIDED CHECK HERE.

We sincerely appreciate your partnership in ministry!

Though this is not a legal contract, this form authorizes IM, Inc. to draft the above-referenced bank account for the amount and in the method indicated. This authorization remains in full force and effect until IM, Inc. receives written notice of its termination. This method of giving to IM, Inc. is offered solely as a convenience to donors at their voluntary election. This authorization may be revoked at any time by written request to the Financial Operations Department of IM, Inc. Send all written correspondence to CFO, IM, Inc., PO Box 5002, Antioch, TN 37011-5002. Please contact the CFO with any questions by calling 877-767-7736.
Tax identification number 62-0640156.