

Debit Authorization Form

Bank Name _____

Address _____

City, State _____

Routing # _____

Account # _____

Account type Checking _____ Savings _____

Name on Account _____

I authorize Missions in Haiti, INC to initiate debit entries to my checking/savings account
at the bank named above for services
provided. This authorization will remain in effect until I have cancelled it in writing.

Signature

Date

Attach voided check here