



Authorization Agreement
 For pre-arranged payments (ACH Debits)
 Federal ID Number : 39-1734788

I (We) hereby authorize Fox Valley Jail Ministies, Inc. called FVJM, to initiate debit entries to my (our) Checking or Savings account at the bank or credit union named below, called Bank, and in the amount indicated below.

Date of transfer – Check one. <input type="checkbox"/> 1 st of month <input type="checkbox"/> 15 th of month <input type="checkbox"/> Weekly		Amount of transfer \$	Starting date (mo/day/year) / /
Bank / Credit Union Name		Branch	Transit / ABA number
City	State	ZIP code	Account number

This authority is to remain in effect until FVJM and BANK have received written notification from me (or either of us) of its termination in such time and in such manner as to afford FVJM and BANK a reasonable opportunity to act on it. I (or either of us) have the right to stop payment of a debit entry by notification to BANK at such time as to afford BANK a reasonable opportunity to act on it prior to charging account. After account has been charged, I have the right to have the amount of an erroneous debit immediately credited to my account by BANK, provided I (we) send written notice of such debit entry in error to BANK within 15 days following issuance of the account statement or 45 days after posting, whichever occurs first.

	Date	Identification number
Name – Please print	Name – Please print	
Signature	Signature	
Please attach a voided check or deposit slip and mail to: Fox Valley Jail Ministries, Inc. P.O. Box 1516 Appleton, WI 54912-1516.	<i>Thank you for your support of Fox Valley Jail Ministries</i>	