

Authorization of Automatic Draft

To enroll in automatic bank draft, please fill out the information below. Submit to VSM via one of the following:

1. Scan & email to admin@veritasshapes.org
2. Mail to 104 Crossbook Drive, Brunswick GA 31525

Donor Information:

Name:			
Street Address:			
City:			
State:		Zip Code:	
Cell Phone:			
Email Address:			

Bank Information:

Type of Account: Checking Savings

Name on Account:	
Bank Routing #/Transit:	
Bank Account #	

I would like my donation applied to:

<input type="checkbox"/>	General Fund	<input type="checkbox"/>	The Hub
<input type="checkbox"/>	Missions	<input type="checkbox"/>	Other _____

Monthly Donation Amount: _____

Debit my account (Check one): One the 1st On the 15th Other: _____

Payment Authorization: By signing below, I certify that I am an authorized user of the bank account provided above. As a convenience to me, I hereby request and authorize Veritas Shapes Ministries International, Inc. [VSM], to initiate the charge to my bank account payable to the order of VSM. I agree that VSM' rights in respect to each bank draft shall be the same as if it were a check drawn on my bank account and signed by me personally. I also authorize the financial institution to reduce the balance of my bank account by the amount of the bank draft. This authorization will remain in effect until I revoke it in writing at least 20 business days prior to the date the account is scheduled to be charged. I agree that if such charges are not honored, whether with or without cause and whether intentionally or inadvertently, VSM shall have no liability whatsoever.

Authorized Signature (exactly as it appears on the bank account's records):

Signature: _____ Date: _____