

# DIRECT DEBIT AUTHORIZATION FORM

I hereby authorize SONLIGHT MINISTRIES, to initiate debit entries for Donations to my account indicated below and the financial institution named below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Please fill in the following with your Financial Institution's information.

\_\_\_\_\_  
(Financial Institution Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State)

\_\_\_\_\_  
(Zip)

Type of Account: \_\_\_ Checking \_\_\_ Savings      Amount to Withdrawal: \$ \_\_\_\_\_

Please Specify Student/Teacher: \_\_\_\_\_

*If you sponsor more than one, please list separately on the back of this page and the amount beside each name.*

This authority is to remain in full force and effect until SONLIGHT MINISTRIES has received written notification from me of its termination in such time and manner as to afford SONLIGHT MINISTRIES and the FINANCIAL INSTITUTION a reasonable opportunity to act on it.

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Email)

**PLEASE ATTACH A VOIDED CHECK TO THIS FORM**

Please return this form to:  
Sonlight Ministries  
2124 Washington Avenue  
Evansville, Indiana 47714