



Name: \_\_\_\_\_

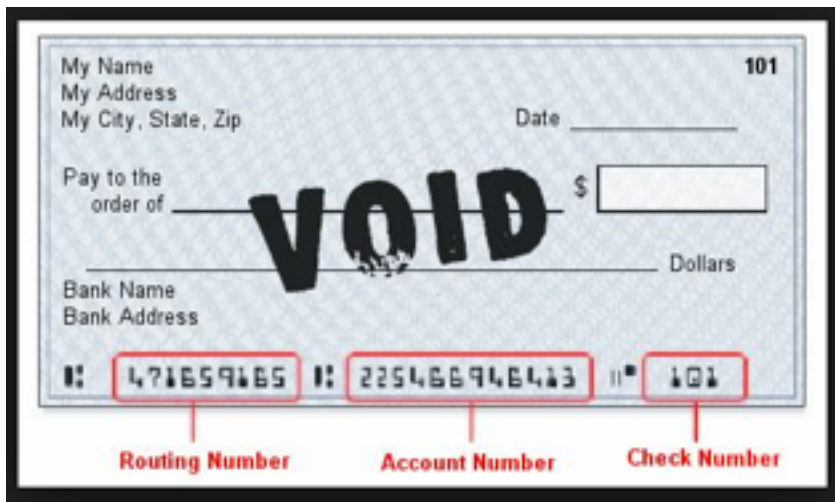
Account Information:

Check one: \_\_\_\_\_ Checking or \_\_\_\_\_ Savings Account

Bank Name: \_\_\_\_\_

Routing/Transit Number: \_\_\_\_\_

Account Number: \_\_\_\_\_



I hereby authorize F.A.I.T.H. to transit electronic debits or credits to the bank account noted above. I authorize my bank to accept and process the debits or credit entries initiated by F.A.I.T.H.. F.A.I.T.H. shall have no liability if the information listed above is not correct. This agreement may be terminated at any time by written notice to F.A.I.T.H. with F.A.I.T.H. being allowed reasonable time to act. I certify that I have legal right to conduct any and all business on the accounts listed above. F.A.I.T.H. reserves the right to stop this transit if sufficient collected funds are not available.

I grant F.A.I.T.H. the right to correct any erroneous overpayments to my account to the extent of such overpayment. I understand that F.A.I.T.H. reserves the right to refuse direct deposit requests.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return to:

F.A.I.T.H.  
hr@faithisallyouneed.net