



Haitian Support Contributor,

Please fill out the attached authorization form for ACH and attach a copy of a voided check or document from your bank.

(This is only used to verify routing and account numbers to make sure all information is correct.)

(All information is kept secure and confidential)

Thank you for partnering with Haitian Support Ministries and the continued work in Haiti

Sincerely,

Theresa Mashburn
Accounting Manager



Authorization for Direct Deposit

I, _____, authorize Haitian Support Ministries to withdraw from the financial institution(s) and account number(s) designated below, and if necessary, to deposit and make adjustments for any withdrawals made in error (according to U.S. law).

This authorization is to remain in full force and effect until Haitian Support Ministries has received written notification from me of its termination in such time and in such manner so as to afford Haitian Support Ministries and their financial institution a reasonable opportunity to act upon it.

	New	Change	Amount of Deposit \$
Financial Institution	_____		
Routing Transit Number	_____		
City	_____	State	_____
Primary account:	Checking Acct Number: _____		
	-OR-		
	Savings Acct Number : _____		

When completed, print out form, attach a voiced check where indicated, and mail to:

**Haitian Support Ministries
PO Box 97
Rolling Prairie, IN 46371**

**Questions can be emailed to:
info@haitiansupportministries.org**

Where should your gift be applied?

- | | |
|-----------------|--------------------------|
| Feeding Centers | Church Planting |
| Orphanage | Greatest Need |
| Schools | Short Term Trip Expenses |
| Other | _____ |

Name : _____ **Email :** _____

Address : _____ **Phone :** _____

City : _____ **State :** _____ **Zip :** _____ **Date :** _____

Signature : _____

15th of
each
month

30th of
each
month

For your convenience, please choose the schedule of your withdrawal:

Attach/Staple Voiced Check Here