



Please return to: Word of Life
715 E Huron St, Ste 2W
Ann Arbor, MI 48104

ACH Authorization Form

I hereby authorize Word of Life Community to initiate automatic transfers from my bank account.

Account #: _____ Bank routing #: _____

Bank name: _____ Amount: _____

Frequency: Quarterly Monthly* Weekly* Start date: _____

Signature

Date

Printed Name, Address, City, State, Zip

*Please note if you are weekly or monthly donor that it will take 2-3 weeks to process your request so we would appreciate you making the current donation as you have in the past.