## AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS Horizons International ES8150

Donor # (for office use only)			Phone Number		
Last Name			First Name		
Address			Email		
City			State	Zip	
Please debit my donation from my (check one):  Checking Account (attach a voided check)  Savings Account (contact your financial institution for Routing #)			Routing Number:  Valid Routing # must start with 0, 1, 2, or 3  Account Number:  Land Start with 0, 1, 2, or 3  Account Number:  Check Number  Routing Number		
Date of first donation: Frequency of donation:			Fund designations and amounts:		
(please check only one)		will s Enga	Your Missionary's Name Reaching Muslims Training Missionaries * Discipling Muslim Converts * International Student Ministry  * Funds designated to training and discipleship will support our most important programs: Engaging Islam and Cubs to Lions, enabling us to offer scholarships to those who cannot afford		\$ \$ \$ \$
AGREEMENT					
I authorize Horizons Interna	tional and Vanco Services, LLC to ovide written notification to Horizo	-		·	and that this authority
Authorized Signature: Date:					9:
	Please staple	void	ed check here.		 

Mail to Horizons International, PO Box 18478, Boulder, CO 80308

OR

OR

Email to main@horizonstinternational.org