

Electronic Fund Transfer Authorization

I hereby authorize Liebenzell USA and the financial institution named below to charge my account on the 10th of each month, or the first business day thereafter, for the amount shown (this includes my authorization for Liebenzell USA to reverse any charges made in error). This authorization will remain in effect until I give written notice to cancel or change it. I understand that all changes of status to the agreement take three to six weeks to be processed. Liebenzell will issue a receipt for tax purposes.

- Please begin as soon as I can be enrolled.
- Begin in the month of _____.

Please use my contribution (minimum \$5.00) for the following Retreat Ministries projects:

_____	\$ _____
_____	\$ _____
Retreat Ministries – Where Most Needed	\$ _____
Monthly Total	\$ _____

(Please attach a list if more space is needed.)

Information about my financial institution:

Bank Name _____ My Account Number _____

Street Address _____

City _____ State ____ Zip _____

(Please attach a voided check in order to provide the Bank Routing Number - do not send a deposit slip.)

Name _____ Phone _____

Address _____ Email _____

City/State/Zip _____

Signature (as required on checks issued against this account)

Signature _____ Date _____



*A higher standard.
A higher purpose.*

Mail to Liebenzell USA at address above. FORM 1204