e3leadershipgroup

AUTHORIZATION AGREEMENT

Direct Payment (ACH DEBITS)

PARTNER PROGRAM

Enrollment Form

Please attach copy of voided check to this form

❑ **Yes, you can count on my financial support of E 3 Leadership Group.**

I (we) hereby authorize *E 3 Leadership Group* hereinafter called e3lg, to debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter called FINANCIAL IINSTITUTION, to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

■ GIFT PREFERENCE

	e3lg Ministry Name	Gift Amount (U.S. dollars only)	Monthly Gift	Special Gift	Start date Month/Year
A.	_____	$ _____	❑	❑	_____
B.	_____	$ _____	❑	❑	_____
C.	_____	$ _____	❑	❑	_____
	Total Charge in U.S. Dollars:	$ _____			

■ FINANCIAL INFORMATION

_____ _____

(Financial Institution Name) **(Branch)**

_____

(Address) **(City-State)** **(Zip)**

_____ _____ **Type of Acct: ___checking __ Savings**

(Routing/Transit Number) **(Account Number)**

This authority is to remain in full force and effect until E 3 Leadership Group received written notification from me (or either of us) of its termination in such time and manner as to afford E 3 Leadership Group and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

_____ _____

(print individual name) **(print individual ID number if applied)**

_____

Signature Date

■ Optional information

Your Salutation: ❑ Mr. ❑ Mrs. ❑ Miss ❑ Ms. ❑ _____

First Name _____ Last (Family) Name _____

Address Line 1 _____

Address Line 2 _____ City _____

Country _____ Your email_____

Your Home Phone _____ Your Work Phone _____

E 3 Leadership Group ■ 1440 SW Jefferson ■ Lee's Summit, MO 64081 ■ USA
Phone 816-246-0201 ■ Fax 816-524-3182 ■ info@e3leadershipgroup.net ■ www.e3leadershipgroup.net