



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 INSTITUTION, 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

	<u>e3lg Ministry Name</u>	<u>Gift Amount</u> (U.S. dollars only)	<u>Monthly Gift</u>	<u>Special Gift</u>	<u>Start date</u> Month/Year
A.	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
B.	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
C.	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Total Charge in U.S. Dollars:		\$ _____			

FINANCIAL INFORMATION

(Financial Institution Name) (Branch)

(Address) (City-State) (Zip)

(Routing/Transit Number) (Account Number) Type of Acct: ___checking ___ Savings

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 _____