

**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"/>	_____
<b>Total Charge in U.S. Dollars:</b>		\$ _____			

**■ 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 \_\_\_\_\_