



Authorization Agreement for Electronic Fund Transfers

I authorize IMD International and financial institution named below to initiate entries to my bank account. This authority will remain in effect until I cancel the Agreement with IMD International writing, allowing sufficient time for IMD International and financial institution to take action. I agree to notify IMD international of any changes in the amount, distribution or designated bank. I can stop payment by notifying my financial institution ten days before my account is debited.

Name _____
Street Address _____
City _____ State _____ Zip Code _____
Phone _____ Email _____

New Agreement Change Amount Change Distribution
 Change Bank Account

Bank Information:

Bank Name: _____
 Checking Savings
Bank Routing# _____
Bank Account# _____

Contribution and Distribution Instructions:

Beginning the month of _____, year _____
Please debit funds from my bank account in the amount of \$ _____
on an ongoing monthly basis for the ministry of IMD International.
Indicate below the week of the month you want the funds withdrawn
 1st week of month 3rd week of month

Specific instructions on the use of these funds _____

Signature: _____ Date _____