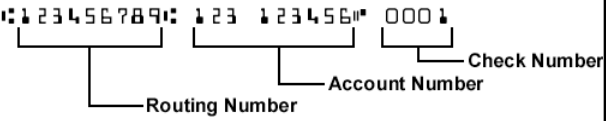


AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS

Horizons International **ES8150**

Donor # (for office use only)		
Last Name	First Name	
Address		
City	State	Zip

Please debit my donation from my (check one): <input type="checkbox"/> Checking Account (attach a voided check) <input type="checkbox"/> Savings Account (contact your financial institution for Routing #)	Routing Number: _____ Account Number: _____  <p style="font-size: small; margin-top: 5px;"> <input type="checkbox"/> 23456789: <input type="checkbox"/> 23 <input type="checkbox"/> 234567 0001 Routing Number Account Number Check Number </p>
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Date of first donation: _____ / _____ / _____	Frequency of donation: (please check only one) <input type="checkbox"/> Monthly on the 5 th <input type="checkbox"/> Monthly on the 20 th	Fund designations and amounts: <input type="checkbox"/> Local & Global \$ _____ <input type="checkbox"/> Missionary \$ _____ _____ \$ _____ _____ \$ _____ <input type="checkbox"/> Kosova \$ _____ <input type="checkbox"/> Middle East \$ _____ <input type="checkbox"/> Africa <input type="checkbox"/> Other _____ -
I would prefer to have my tax receipts: (please check one) <input type="checkbox"/> Yearly (for total annual giving to Horizons) <input type="checkbox"/> Monthly (for each month's giving to Horizons)		

AGREEMENT

I authorize Horizons International and Vanco Services, LLC to process debit entries to my account. I understand that this authority will remain in effect until I provide written notification to Horizons International to terminate the authorization.

Authorized Signature: _____
 Date: _____

Please staple voided check here.