

**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS (ACH DEBITS)
NEXT GENERATION MINISTRIES * ID #**

I (we) hereby authorize NEXT GENERATION MINISTRIES, hereinafter called COMPANY, to initiate debit entries in the amount of \$_____ to my (our) Checking Savings account (select one) indicated below, and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account. This is to occur Monthly Semimonthly (select one) on _____ day of the month.

DEPOSITORY

NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA NO. _____ ACCOUNT NO. _____

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

NAME(S) _____

(Printed & Signature)

NAME(S) _____

(Printed & Signature)

Please include all signatures on the account (if not enough lines please print and sign on back of form)

Please be aware that your bank statement will show a debit ACH of the amount stated above from either NEXT GENERATION MINISTRIES or WHITNEY NATIONAL BANK.

Please attach a VOIDED check here