

## ACH AUTHORIZATION RELEASE

☐ ADD ☐ DELETE ☐	CHANGE
Name	
Physical Address	
City State/Zip	Phone#
The undersigned authorizes Set Free Ministries to initiate credit or debit entries to my account. This authority is to remain in full force and effect until Set Free Ministries has received written notification from me of its termination in such time and in such manner as to afford Set Free Ministries a reasonable opportunity to act on it. The credits and debits pursuant to this agreement will be effected through the Federal Reserve automated clearing house system.	
ACCOUNT INFORMATION  ***This form MUST be accompanied by a Printed Voided Check or Bank Letter***	
Financial Institution Name	
Street Address	
City State	Zip
( ) Phone	Fax
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Name as it Appears on Account	
Routing and Transit Number (9 digits)  Account Number	
Account Type:	
TRANSACTION INFORMATION	
Goods Purchases/Services Rendered	
\$	One-time Recurring
Amount of Transaction Effective Date	No. of Transactions or Open Ended
Change Orders Only  Old Routing and Transit Number (9 digits)  Has the account owner changed? Yes No	Old Account
Undersigned represents and warrants to Set Free Ministries that the person executing this Release is an authorized signatory on the Account referenced above and all information regarding the Account and the Account Holder is true and correct.	
Account Owner Signature	Date

Print Name and Title