



Authorization Agreement for
 ACH/Debit Transactions
 (Direct from Bank)

I hereby authorize Christian Service International (CSI Ministries) to debit entries (and if necessary, credit entries for reversal or adjustment, for any debit entries created in error) to my account at the designated depository named below, hereinafter called DEPOSITORY.

I hereby accept responsibility to notify CSI Ministries of any changes in the depository or account number, in a timely manner. I also agree to notify CSI Ministries in the event of an error in this payment and assist them in resolving it.

Banking Information	
Depository Name:	_____
City, State and Zip:	_____
ABA Number/Routing Number (9 digits):	_____
Account Number:	_____
Type of account:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Total Amount of Monthly Gift: \$ _____
\$ _____ Ministry: _____ \$ _____ Ministry: _____ \$ _____ Ministry: _____ \$ _____ Ministry: _____ \$ _____ Ministry: _____
Transactions will be processed on the 10 th of each month unless otherwise arranged with CSI

Donor Information

Name: _____

City, State and Zip: _____

Phone: _____ Email: _____

Signed: _____ Date: _____

CSI Ministries
 1714 W. Royale Drive
 Muncie, IN 47304
 (765) 286-0711
www.csiministries.org