



PO Box 153
Akron, PA 17501

Phone: 717-859-1131
Fax: 717-859-4360
info@biblevisuals.org
www.biblevisuals.org

ACH DIRECT PAYMENT AUTHORIZATION

=====

A. Donor Information

Name _____
Address _____
City _____ State ____ Zip _____
Phone # (____) _____ Email _____

=====

B. Bank/Financial Institution Information

Bank Name _____
Bank Address _____
City _____ State ____ Zip _____
Bank Routing # _____ Account # _____
 Checking Savings

=====

C. New Authorization Statement

I authorize Bible Visuals International (BVI) to initiate debit entries to my account indicated above at the financial institution named above for the purpose of making recurring donations to BVI. This authorization is to remain in full Force and effect until BVI has received written notification from me of its termination in such time and in such manner as to allow BVI a reasonable time to act upon it.

Amount of Gift _____ Designation _____
Date to begin debiting my account _____
Frequency of giving: Monthly Quarterly Annually
Signature _____ Date _____

=====

D. Attachment

Please attach a voided check from the account named above and mail to:

Accounting Department
Bible Visuals International Inc
PO Box 153
Akron, PA 17501