



Reciprocal Ministries International

5475 Lee St., Suite # 301 Lehigh Acres, FL 33971
Phone (239) 368-8390 Fax (239) 368-8325

Authorization Agreement for Automatic Withdrawal of Funds

Steps to Complete this Authorization Agreement:

1. Fill in the form completely with your Personal and Financial Information.
2. List all sponsored children. Include full name and ID number.
3. Read the authorization agreement on the bottom of this form and then sign and date.
4. Return the form to RMI or your Hope for Kidz Coordinator with ONE of the following: a Credit Card Number OR a voided blank check from your personal checking account OR a deposit slip from your savings account.



Any information given in this form will be kept confidential by RMI.

1. Personal Information (Name and address must be exactly as it appears on your account)

Mr. Mrs. Miss Ms. Last Name: _____ First Name: _____
 Dr. Rev. Name: _____ Name: _____

Mailing Address: _____
 (include city, state & zip)

Billing Address: _____
 (if different from above)

Home Phone: _____ Other Phone: _____

Email: _____

2. Financial Information

Type of Account: Checking (attach a voided check) Savings (attach a savings deposit slip) Credit Card

Bank/Institution/Card Type: _____ Name as it appears on card
 (if different from above): _____

Account or Credit Card #: _____ Credit Card Expiration Date: _____

Please withdraw my donation of _____ monthly: On the 1st On the 5th On the 10th On the 15th On the 20th On the 25th

3. Child Name(s) and ID Number(s)

Child Name: _____ Child ID Number: _____

Child Name: _____ Child ID Number: _____

Child Name: _____ Child ID Number: _____

Child Name: _____ Child ID Number: _____

4. Sign and Date

I authorize Reciprocal Ministries International to process monthly debit entries from my checking, savings, or credit card account as indicated above. I understand that this authorization will remain in effect until I have it canceled. If I wish to cancel my authorization or make changes to the above information, I promise to notify Reciprocal Ministries International within a reasonable length of time. I have attached a voided check or savings deposit slip.

Authorization Signature: _____

Date: _____

5. Attach Voided Check or Savings Deposit Slip

6. Fax or Mail to Reciprocal Ministries International

Please attach voided check here.