



R.E.A.L. Christian Foundation, Inc.
(Company Name)

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS

NAME: _____ **PHONE:** _____

(As it appears on financial institution records)

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

FINANCIAL INSTITUTION NAME: _____

BRANCH _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

CHECKING/TRANSIT/ABA#: _____ **ACCOUNT #:** _____

I hereby authorize the Financial Institution named above to pay my _____ (monthly, quarterly, annual) contribution in the amount of _____ on the _____ of each _____ (month, quarter, year) by charging each payment to my account and to make that deduction payable to the order of REAL Christian Foundation, Inc. (Company). I agree that each payment shall be the same as if it were an instrument personally signed by me. This authority is to remain in effect until revoked by me in writing. In addition, I have the right to stop payment of a charge by timely notification to my Financial Institution prior to charging my account. I understand, however, that both the Financial Institution and R.E.A.L. Christian Foundation, Inc. (Company) reserve the right to terminate this payment plan (or my participation therein).

DATE: _____ **SIGNATURE:** _____

NOTE: Please return this authorization and a VOIDED check on your account to:

ATTN: Rosie Weary
R..E.A.L. Christian Foundation, Inc.
P.O. BOX 180059
RICHLAND, MS 39218