



Recurring ACH Payment Authorization Form

I, _____, authorize **Iron Rose Sister Ministries**, EIN 46-3312849, of 1 Susan Dr., Searcy, AR 72143, to make a recurring debit to my checking or savings account for the recurring amount of \$_____, on or after the 10th/20th on a monthly basis.

Selection of monthly recurring debit: ____ 10th ____ 20th

Check this box if you are willing to add \$3/month to cover the ACH fee.

By signing this form, you give **Iron Rose Sister Ministries** permission to debit your account for the amount indicated on or after the indicated date. This is permission for the recurring amount and frequency listed above, and does not provide authorization for any additional unrelated debits or credits to your account. This authorization is to remain in full force and effect until Iron Rose Sister Ministries has received an acknowledged notification or written notice to the address listed above.

This recurring payment will be deducted from: *(Please submit a copy of a voided check for confirmation of financial details.)*

Name on Account: _____

Account Type: _____

Bank Name: _____

Account Number: _____

Bank Routing Number: _____

Signed: _____

Printed Name: _____

Date: _____