



BELIEF IN MOTION

MAKE A DONATION MONTHLY

WWW.BELIEFINMOTION.ORG

Are you considering giving monthly to Belief in Motion?

BIM has various ministry areas in which your donations helps our team spread the Gospel to the least of these.

6 DIFFERENT
AREAS OF
MINISTRY

EVANGELIZING

ENCOMPASSING

EMPOWERING

EMBRACING

ESTABLISHING

EDUCATING





Belief in Motion

ACH Automatic Monthly Withdrawal Authorization Form:

ALL FIELDS MUST BE COMPLETED FOR AUTO DEBIT (ACH) TO TAKE EFFECT.

DONOR'S FULL NAME: _____

ACH DEBIT DATE: ___ FIRST OF THE MONTH ___ END OF THE MONTH

ACCOUNT OWNER NAME: _____

ROUTING/TRANSIT NUMBER: _____

ACCOUNT TYPE: _____ CHECKING _____ SAVINGS

BANKING ACCOUNT NUMBER: _____

DONATION AMOUNT \$: _____ DESIGNATED MINISTRY AREA: _____

START DATE: _____

BE SURE TO INCLUDE A VOID CHECK (OR DEPOSIT SLIP FOR SAVINGS) FROM YOUR DESIGNATED DEBIT ACCOUNT.

BY SIGNING THIS AUTHORIZATION, I AGREE TO THE FOLLOWING: I HEREBY AUTHORIZE, BANK OF THE OZARKS TO INITIATE ENTRIES TO MY CHECKING OR SAVINGS ACCOUNT AT THE U.S. FINANCIAL INSTITUTION INDICATED ABOVE FOR THE PURPOSE OF MAKING A DEBIT FROM YOUR ACCOUNT TO BELIEF IN MOTION, TO INCLUDE ALL FUTURE AMOUNT CHANGES. I ALSO AUTHORIZE THE FINANCIAL INSTITUTION TO WITHDRAW THESE PAYMENTS FROM MY ACCOUNT. BANK OF THE OZARKS IS AUTHORIZED TO ACCEPT, FROM BELIEF IN MOTION, UPDATES TO THE DEBIT AMOUNT, THE ACCOUNT INFORMATION OR THE CANCELLATION OF THIS DEBIT. I UNDERSTAND THAT THESE DEBITS WILL CONTINUE UNLESS NOTIFICATION IS RECEIVED BY BELIEF IN MOTION IN WRITING OF ITS TERMINATION. YOU MAY ALSO SEND ANY QUESTIONS OR COMMUNICATION TO ACCOUNTING@BELIEFINMOTION.ORG.

AUTHORIZATION MUST BE RECEIVED BY THE 25TH OF THE MONTH PRIOR TO NEXT PAYMENT DATE TO TAKE EFFECT.

SIGNATURE OF AUTHORIZATION: _____ DATE OF AUTHORIZATION: _____

ATTACH VOIDED CHECK HERE: _____