



eCheck Enrollment Form (ACH Funds Transfer)

Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

I hereby authorize New Life Network, Inc. to initiate debit entries (ACH withdrawals) from my:

Checking Savings account (Select One)

at the financial institution named below, for the monthly pledge amount I have indicated below, and to debit same to such account in accordance with the terms and conditions listed below.

Monthly Pledge Amount \$ _____

I have enclosed (required for checking accounts):

A check or sharedraft in the pledge amount or

A voided check or sharedraft

I would like my monthly pledge to be withdrawn on the 1st day of each month:

Name of Financial Institution _____

Financial Institution's Routing Number _____

My Account Number _____

Note: For savings accounts, please check with your financial institution to determine if your savings account can be used for this type transaction and if so request the institution's routing number and enter in the space above.

I understand that this authorization to debit my account for my monthly pledge amount will remain in effect until I notify New Life Network, Inc. in writing or by phone that I wish to end this agreement, allowing New Life Network, Inc. reasonable time to act on it, or until New Life Network, Inc. has sent me 10 days' written notice that they wish to end this agreement.

Notification Mailing Address and Numbers

Signature

New Life Network, Inc., PO Box 70459, Albany, GA 31708

Phone Number FAX Number

800-322-5220 229-483-9585

Date Signed

Please keep a copy of the signed form for your records and **mail this form to the address above.**

Thank you for giving to New Life Network, Inc.