

# Pre-Authorized Transaction Agreement

Company: IPHC, Inc.  
 Department: \_\_\_\_\_

Mail to: PO Box 12609 • Oklahoma City, OK 73157  
 or Fax to: (405) 787-7729

The authority is to remain in full force and effect until the International Pentecostal Holiness Church, Inc. and its affiliated parties has received notification from the stated party below of its termination in such a time and manner as gives all parties a reasonable opportunity to act on it.

I understand that the account noted below will be debited on the 5<sup>th</sup> or 20<sup>th</sup> day of each month (circle one). If you want your monthly donation split, circle both. **If no notation is made, we will deduct your contribution on the 5<sup>th</sup>.**

**NOTE: Please complete the form in its entirety to assure no delay in processing this request.**

\_\_\_\_\_ Date \_\_\_\_\_ Account Holder's Signature

I wish for my monthly contribution of \$ \_\_\_\_\_ to be electronically deducted from the following account:

Checking Account       Savings Account

**\* A voided check or a pre-encoded deposit slip is required for processing this request.**

Bank Name:		Account Name:	
Bank Address:			
City:		State:	Zip:
Bank Routing Number:			
Account Number:			

NAME (as it appears on the account): \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

City State Zip

TELEPHONE: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_ E-MAIL: \_\_\_\_\_

CHURCH: \_\_\_\_\_ CONFERENCE: \_\_\_\_\_

Please distribute my contribution as follows:			
Project Name/Number	Amount	Project Name/Number	Amount