



The Voice of the Martyrs

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I hereby authorize my debtor, The Voice of the Martyrs, herein referred to as "SENDER", to initiate Automated Clearing House (ACH) credit entries (and/or correcting debit entries) to my account for my charitable gift annuity payments.

The following information pertains to my account to be credited:

ACCOUNT NAME: _____

- Checking Account Money Market Account
 Savings Account Now Account

FINANCIAL INSTITUTION NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____

BANK'S TRANSIT ROUTING NUMBER: _____

See lower left corner of your bank checks.

MY ACCOUNT NUMBER: _____

IF THIS IS A CREDIT UNION, PLEASE LIST ITS PHONE NUMBER: (____) _____

This authority is to remain in full effect until Sender or Financial Institution has received written notification from me of its termination in such time and manner as to afford Sender or Financial Institution a reasonable opportunity to act on it, or until Sender or Financial Institution has sent me ten (10) days written notice of Sender's or Financial Institution's termination of this arrangement.

NAME(S): _____

SIGNATURE(S): _____

SOCIAL SECURITY NUMBER: _____

DATE: _____

PLEASE ATTACH A VOIDED CHECK