



## Direct Deposit Authorization

Complete and sign this form and attach a voided check.

\_\_\_\_\_  
Name (First, middle, last)

\_\_\_\_\_  
Last 4 digits of SS#

\_\_\_\_\_  
Region

\_\_\_\_\_  
Country

\_\_\_\_\_  
Bank name

\_\_\_\_\_  
Bank address

**Check one:**

- New enrollment
- Change of account (within same banking institution)
- Change of banking institution

*Print form and attach  
voided check here.*

**Authorization Statement:**

*I hereby authorize Assemblies of God World Missions to electronically deposit my monthly disbursement check. If funds to which I am not entitled are deposited to my account, I authorize Assemblies of God World Missions to return said funds. This authority will remain in effect until I have signed a new authorization or upon completion of my missions assignment.*

Date \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Spouse's signature

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Spouse's printed name