

Direct Deposit Authorization

AGH/AS/VLP

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