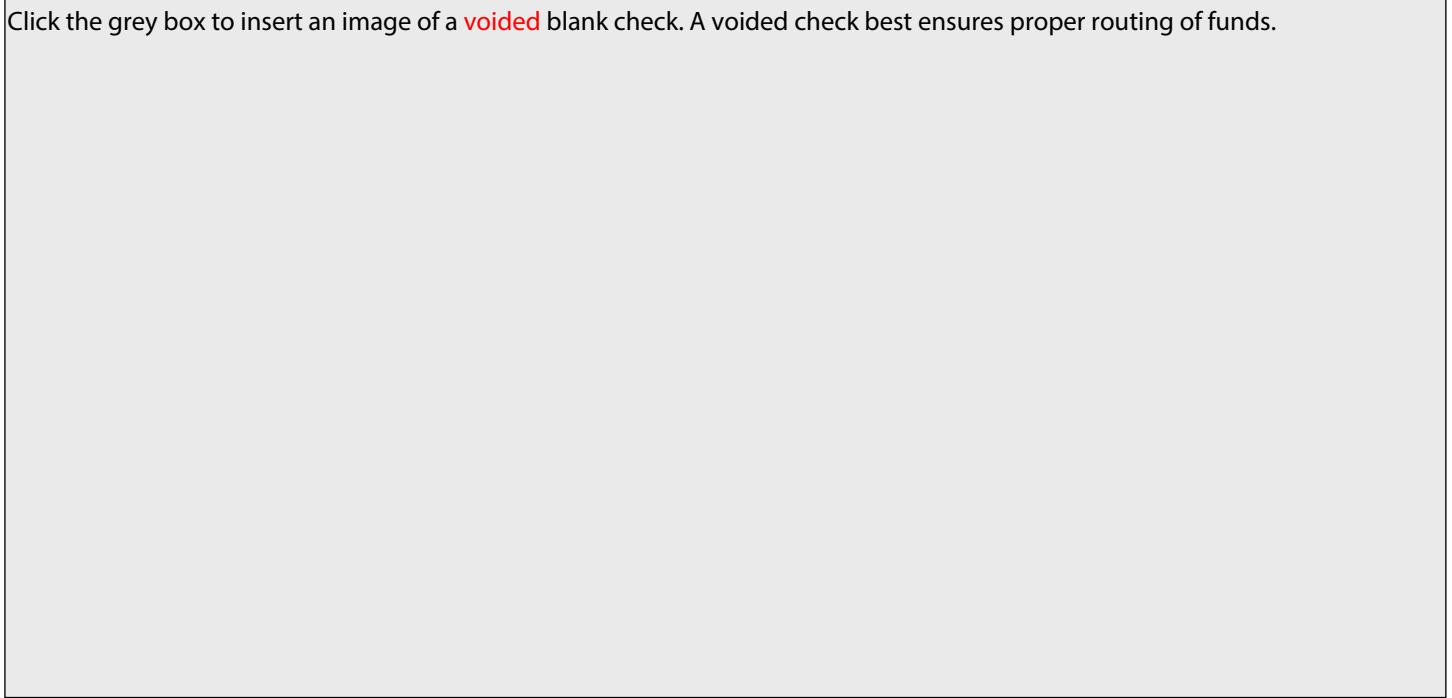


Authorization for Direct Deposit



Full Name _____ AGWM Account No. _____

Click the grey box to insert an image of a **voided** blank check. A voided check best ensures proper routing of funds.



If you do not have a checking account with paper checks, please supply banking information below. Enter your complete account number and correct routing number to ensure funds are deposited properly.

Bank Name _____

Account Number _____

Routing Number _____

I hereby authorize the General Council of the Assemblies of God to initiate a deposit to my checking/savings account at the financial institution indicated above on the voided check. This authority is to remain in effect until Divisional Accounting receives notification of an account change or any other change that would terminate the depositing of my check.

Signature / Date

Questions? Contact [Carol Hardecke](#), AGWM Divisional Accounting at 417-862-2781, Ext. 2400.