

**Impact Bethel**  
**468 N Dayton Lakeview Rd**  
**New Carlisle, OH 45344**  
**Federal Tax ID 26-2365904**  
**Phone: 937-307-5874**

**Impact Bethel Debit Authorization**

Donor Name: \_\_\_\_\_

Donor Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Please DEBIT my account as follows:**

Name of Financial Institution: \_\_\_\_\_

Financial Institution Routing Number: \_\_\_\_\_

Donor Account Number: \_\_\_\_\_

Start Date: \_\_\_\_\_

Dollar Amount of Withdraw/ Debit: \_\_\_\_\_

Type of Account (savings/ checking) : \_\_\_\_\_

Frequency (one-time, weekly, bi-weekly, monthly): \_\_\_\_\_

Note: Enclose a voided check with this form.

I authorize Impact Bethel to debit the account listed above. I understand that if I decide to discontinue the ACH debit, I will notify Impact Bethel in writing at the following address:

Impact Bethel  
468 N Dayton Lakeview Rd  
New Carlisle, OH 45344

Donor / Account Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This is an acknowledgment that the origination of ACH transactions to the donors account must comply with the provisions of the U.S. law.