

**ETERNAL WORD TELEVISION NETWORK, INC.
AUTHORIZATION AGREEMENT FOR ACH DEBITS (AUTOMATIC WITHDRAWALS)**

I hereby authorize ETERNAL WORD TELEVISION NETWORK, INC., hereinafter called EWTN, to initiate debit entries to my personal domestic bank account as specified below.

I understand that the amount listed will be withdrawn from my bank account **on one of the banking days listed below** of each month and processed as a donation to EWTN.

5th, 10th, 16th, or 21st of month. I acknowledge that:

- (1) I am the legal owner of the listed bank account,
- (2) I have legal right to sign this agreement, and
- (3) I am doing so of my own free will.

I understand that if I choose to change the amount of the donation, I must do so in writing by signing another agreement such as this and returning it so that it will be received by EWTN's Accounting Department prior to the first day of the month in which the change is to take effect. Similarly, I understand that if I choose to terminate this agreement, I must notify EWTN in writing, and that such notification must be received by EWTN's Accounting Department prior to the first day of the month following the final donation.

I understand that EWTN has the right to terminate this agreement by notifying me in writing prior to the first day of the month following the final donation.

I understand that if EWTN is unable to complete any monthly transaction due to my bank account having insufficient funds or due to changes in the account information or status, this agreement will be placed on hold and no future withdrawals will be made. EWTN will notify me of this change in writing.

ACH SETUP INFORMATION:

Bank Name: _____

Routing Number: _____

Account Number: _____ **Checking** or **Savings**

The amount to be withdrawn on the (circle one) **5th 10th 16th 21st day** of every month is:

\$ _____ **Dollars**

(numbers) _____ **(words)** _____

Donor's Name: _____

Donor's Signature: _____

Address: Street _____

City/State _____, _____

ZIP _____ - _____

circle: mobile / home Phone Number (_____) _____ - _____

E-mail Address: _____

Date _____

[] I have enclosed an original voided check. This is used to verify the bank and account information. (Deposit slips do NOT always contain appropriate bank information.) If you do not have checks for this bank account, please obtain a Bank Account Verification Letter from your bank, to include with this form.

All correspondence related to this agreement should be directed to:

**EWTN
Accounting Department - Attn: Connie Appling
5817 Old Leeds Road
Ironton, Alabama 35210**