



**One-time ACH Payment Authorization Form**

I, \_\_\_\_\_, authorize **Iron Rose Sister Ministries**, EIN 46-3312849, of 1 Susan Dr., Searcy, AR 72143, to make a one-time debit to my checking or savings account for the amount of \$\_\_\_\_\_. This will be a one-time deduction to be made on or after \_\_\_\_\_ (date).

Check this box if you are willing to add \$3/month to cover the ACH fee.

By signing this form, you give **Iron Rose Sister Ministries** permission to debit your account for the amount indicated on or after the indicated date. This is permission for the one-time amount and frequency listed above, and does not provide authorization for any additional unrelated debits or credits to your account. This authorization is to remain in full force and effect until Iron Rose Sister Ministries has received an acknowledged notification or written notice to the address listed above.

This one-time payment will be deducted from: *(Please submit a copy of a voided check for confirmation of financial details.)*

Name on Account: \_\_\_\_\_

Account Type: \_\_\_\_\_

Bank Name: \_\_\_\_\_

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

Bank Routing Number: \_\_\_\_\_

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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