

Dton Naam Ministries, Inc.
P. O. Box 10694
Midwest City, OK 73140
www.dtonnaam.org



ACH Authorization Form

Name (PLEASE PRINT): _____

Address (PLEASE PRINT): _____

City: _____ State: _____ Zip: _____ Phone: _____

Bank Name: _____

Account Name: _____

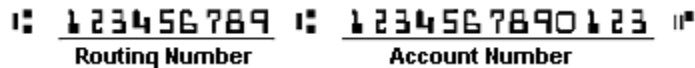
Address: _____

City: _____ State: _____ Zip: _____

Routing Number (9 digits): _____

Account Number: _____

These numbers are located on the bottom of your check as follows:



Monthly ACH Amount: \$ _____

Please specify preferred date of withdrawal: 1st of the month: 15th of the month:

I (we) hereby authorize DtonNaam Ministries, Inc. to initiate ACH transfer entries debit the account identified above. This authorization shall remain in effect unless and until DtonNaam Ministries, Inc. has received written notification that this authorization has been terminated. The undersigned represents and warrants DtonNaam Ministries, Inc. that the person executing this Release is an authorized signatory on the account referenced above and all information regarding the Account is true and correct. A voided check must be accompanied with this document for ACH authorization.

_____/ / _____
Account Owner Signature and Date Email: _____

PLEASE ATTACH VOIDED CHECK