



AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS



I hereby authorize JACKSON YOUTH FOR CHRIST to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my:

Checking Account
Savings Account

indicated below and the depository institution named below to credit and/or debit the same to such account.

DEPOSITORY NAME: (Bank Name)

CITY STATE ZIP

TRANSIT/ABA # ACCOUNT #

IN THE AMOUNT OF \$

Monthly Day of the month
Annual Date of the year
One-Time

This authority is to remain in full force and effect until JACKSON YOUTH FOR CHRIST has received written notification from me of its termination in such time and in such manner as to afford TRUSTMARK NATIONAL BANK and DEPOSITORY a reasonable opportunity to act on it.

NAME ID NUMBER NAME (Please Print) (For Office Use)

DATE SIGNATURE

NOTE: Please return this authorization along with a VOIDED CHECK on your account to:

JACKSON YOUTH FOR CHRIST
P.O. BOX 12693
Jackson MS 39236

FOR OFFICE USE ONLY

Recipient ID #
Transaction Reference #
Transaction Date