



Authorization Agreement for Automatic Payment

I (We) hereby authorize Sport X Change International to initiate monthly debit entries to the _____ checking or _____ savings account (select one) indicated below at the bank named below in the amount of \$_____ for the benefit of _____ beginning on the date of _____.

Missionary Account in the name of: _____.

Your Bank's Name: _____

Your Branch Location: _____

Bank Phone Number: _____

Bank's City _____ State _____ Zip _____

Your Bank's Transit / Routing Number: _____

Your Bank Account Number: _____

to be deposited to an account in the name of: **Sport X Change International**

account number: _____ **50217 563 0** _____.

This authority is to remain in full force and effect until Sport X Change has received written notification from me (or either of us) of its termination in such time and in such manner as to afford a reasonable opportunity to act on it.

Signature: _____ Date: _____

Signature: _____ Date: _____

Please attach a "VOIDED" check or deposit slip.

Please provide address to which the receipt is to be mailed.
