

Know the Covering

Authorization for Electronic Bank Draft

IMPORTANT: PLEASE READ AND SIGN THIS FORM BEFORE MAILING TO KTC

I hereby authorize Know the Covering to draft my checking account as indicated below for payment for my donation. Your bank draft will be deducted from your account on the first of the month beginning on _____. I also hereby authorize Know the Covering Ministries to make any correction that needs to be made as a debit or credit to my account.

I will contact Know the Covering Ministries in writing of any changes in my account number information. Also, I will contact Know the Covering Ministries in writing if I wish to discontinue my monthly donations.

Donor's Name _____

Donor's Signature _____ Date _____

Financial Institution _____

Bank Routing # _____ Account # _____

Checking / Savings (circle one)

Amount to Draft \$ _____ My Donation is in Support of _____

Attach a VOIDED check below