



*Share your faith every day as a way of life*

413 Cedar Grove Road  
Johnson City, TN 37601  
(423) 444-5594

## ACH Form

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

PLEASE SELECT ONE:

\_\_\_\_\_ New Authorization

\_\_\_\_\_ Change Financial Institution

CONTRIBUTION FREQUENCY (Please choose one)

\_\_\_\_\_ Monthly (1<sup>st</sup> of the Month)

\_\_\_\_\_ Monthly (15<sup>th</sup> of the Month)

Amount of Monthly Contribution \$ \_\_\_\_\_

TYPE OF ACCOUNT (Please check one):

\_\_\_\_\_ Checking (Please attach a voided check)

\_\_\_\_\_ Savings (Please attach a deposit slip)

Effective Start Date: \_\_\_\_\_

I hereby authorize Don Sunshine Ministries to process debit entries to my account. I have attached a voided check or savings account deposit slip. This authorization will remain in effect until I have given written notice of its termination.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\*\*\* Please attach a voided check or savings account deposit slip to this form \*\*\*\*\***

Home office - 413 Cedar Grove Road; Johnson City, TN. 37601  
(484) 332-0373 - [don@donsunshine.org](mailto:don@donsunshine.org) - [www.donsunshine.org](http://www.donsunshine.org)