



Reveal Christ. Live Truth. Love People.

Dear Donor,

Thank you for interest in monthly automatic withdraws from your bank account (ACH). This is an easy way for you to donate to Kelley Latta Ministries and Love LIVES without having to write a check. Each month, we automatically deduct whatever amount you designate from your account. We can withdraw the funds any day of the month that you choose. Enclosed is the bank form you will need to complete and return to us to begin this process. Simply fill it out, sign the form and send it back with a cancelled check. Please indicate on the bottom of the form if you would like your donation to go to Kelley Latta Ministries general fund, or Love LIVES. Our mailing address is: 1000 Carlisle St, Suite 2300, Hanover, PA 17331. As soon as I receive it, I will start the process for you. Please note, the form must have your signature and a voided check must be included as well.

Feel free to contact me at (717) 634-2149 if you have any questions. And thank you so much for partnering with us to bring God's Word to a lost and hurting world! It is because of gifts like these and prayers of friends like you that our ministry is possible.

Sincerely,
Juliet Sharrow
Administrative Coordinator

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name: Kelley Latta Ministries Inc

Company Tax ID No: 47-4905612

I, hereby authorize Kelley Latta Ministries Inc, hereinafter called COMPANY, to initiate monthly debit entries to my account(s), indicated below, at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. In addition, I authorize the company to initiate credit entries to my account(s) if funds are debited from my account(s) in error.

Complete your account information.

Please debit the following amount; _____, from designated account on the _____ of each month.
If the _____ of the month falls on a weekend or holiday, the debit will occur on the following business day.

Checking Account No: _____ **OR Savings Account No:**

Depository Name: _____ **City** _____ **State** _____ **Zip** _____
(Customer's Financial Institution)

Financial Institution's Routing Number: _____

This authorization is to remain in full force and effect until Company has received written notification from me of its termination in such time and such manner as to afford Company and Depository a reasonable opportunity to act on it.

Customer Name: _____ **Member Account**
No: _____
(Please Print)

Date: _____ **Signature:**

PLEASE ATTACH A VOIDED CHECK.

Please indicate if you want your donation to go to Kelley Latta Ministries general fund or Love LIVES.