

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)
(Authorized Clearing House Debits)

Name: _____

I hereby authorize **Romanian Handicapped Ministries, Inc.**, hereinafter called COMPANY, to initiate debit entries to my ___ Checking Account / ___ Savings Account (select one) 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.

Depository
Name _____

City _____

State _____

Routing
Number _____

Account
Number _____

Amount \$ _____

Date when you wish contributions to begin _____

Name _____
(Please Print)

Signature _____ Date _____

Address _____

Contact # _____

Mail completed form to: **Romanian Handicapped Ministries**
5910 Price Road
Milford, Ohio 45150

Attention: Tom Pappas #366

(For questions, please contact Tom Pappas @ (513) 703-8778)

April 17, 2006