



Interlink Ministries

P.O. Box 460, Apple Creek, OH 44606

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MEMBER INCOME AUTHORIZATION

Please check if this is a revision to an original we have on file

PERSONAL INFORMATION:

Your Name: _____
(as it appears on your bank account)

Address: _____

City: _____ State: _____ Zip: _____

FINANCIAL INSTITUTION INFORMATION:

Bank's Name: _____ Account: Checking Savings

Account number: _____ Bank Routing number: _____: _____: _____

AUTHORIZATION:

I hereby authorize INTERLINK MINISTRIES, INC. to deposit my monthly income into the account listed above and if necessary, debit entries or adjustments for any deposits made in error to my (our) account. This authority is to remain in full force and effect until written notice from me has been received by INTERLINK MINISTRIES, INC. in such a manner as to afford reasonable time to act on it.

Signature: _____ Date: _____

PLEASE RETURN A VOIDED CHECK OR A COPY OF A VOIDED CHECK ALONG WITH THIS FORM