

# INTERLINK MINISTRIES, INC.

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## 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**