



Training Evangelistic Leadership, Inc.
PO Drawer E
Denton, TX 76202-1650
940-765-1449

Direct ACH questions to Lillie McWhinney at 903-613-2058

Prearranged Payment Authorization Request

Authorization Agreement for Prearranged Payments (ACH - electronic debits)

I, (we) hereby authorize **Training Evangelistic Leadership, Inc.**, hereinafter called "TEL," to initiate ACH debit entries and, if necessary, correction entries and adjustment entries to my (our) account as indicated below.

Checking Savings Account # _____ ABA/Routing# _____

Amount \$ _____ Date of Withdrawal (circle one): 5th OR 20th of each month

Name on Account _____

Bank Name _____

Branch (if any) _____ Phone # _____

City _____ State _____ Zip Code _____

(Please attach a voided check.)

This authorization is to remain in full force and effect until TEL has received written notification from me (or either of us, if the account listed above is a joint account) of its termination in such time and in such manner as to afford TEL a reasonable opportunity to act on it. Any changes to the above information must be promptly submitted in writing to TEL.

I (we) state that I (we) am currently an authorized user on the account listed above and agree to notify TEL immediately and in writing if my (our) user status is no longer in effect on the above specified account. I understand and agree that I am responsible for any loss suffered by myself or any third party if I fail to provide notification to TEL in accordance with this authorization.

Donor Name: _____

Donor Signature: _____ Date: _____

Donor Name (Account Joint Owner, if any): _____

Donor Signature: _____ Date: _____

Effective date of authorization: _____

Donor Interest: _____
 (Specify: General Fund/Where Needed Most, TEL Missionary or TEL Country)

(Donor should retain a copy of this authorization for their records.)
(TEL will retain a copy of this authorization for our records.)