



Direct Deposit Authorization Form

I authorize IAMC to initiate an electronic debit against my bank account as a donation according to the term outline below. I acknowledge that the origination of ACH (Authorization Clearing House) transactions to my account must comply with the provisioning of United States law.

Please sign the form and indicate what you would like to contribute. No Amount is insignificant. Everyone should participate to build IAMC Complex and maintain our institution.

Donor's Information

Name: _____

Address _____

Email _____

Telephone _____

Bank Routing# _____

Account # _____

Amount \$ _____

Type Monthly (debited 5th of each month)

One Time

This payment authorization is to remain in full force and effect until I notify IAMC of its cancellation by sending written notice or emailing at treasurer@iamchouston.org

Signature _____

Date: _____

Please mail completed form to IAMC Treasurer 3827 Pebble Garden Lane Katy, TX 77449 or email to treasurer@iamchouston.org