I AM ✴ THEM

We are each other

AUTHORIZATION AGREEMENT — AUTOMATIC WITHDRAWAL OF FUNDS
Send your completed authorization form to: iamthemuniversal@gmail.com

Name _____

Address: _____

City, State, Zip _____

Phone _____

Email Address _____

— —

Please take my donation from (check one):   Routing #_____
                                                Valid routing # must start with 0, 1, 2 or 3
_____   Checking Account

_____   Savings Account   Account # _____

_____   Business Checking Account

Date of first donation   _____/_____/_____

— —

Frequency of donation (check only one)   Donation Designation:

_____   Monthly on the 1st   _____

_____   Monthly on the 15th   Amount:

                                                _____

Special Instructions:
_____

Agreement
I authorize I Am Them to process debit entries to my bank account. I understand that this authority will remain in effect until I provide notification within 10 business days to terminate my authorization.

Authorized Signature_____ **Date** _____