

ACH Authorization Agreement for Ablaze House of Prayer

The periodic payment authorization is for \$ _____ to be paid monthly on the 6th or 26th day of each month starting ____/____/____ (date).

Full Name on Account : _____ **Date:** _____

Bank Name: _____

Account #: _____ **Routing #** _____

I authorize Ablaze House of Prayer to initiate payment charges to my account at the bank named above and I authorize my bank to accept and pay such amount from my account described above until further written notice from me. The purpose of this reoccurring payment is to support current mission and ministries of Ablaze House of Prayer

Signature: _____

*Completed forms can be mailed to **Ablaze House of Prayer, 11501 Fairview Road, Springfield, NE 68059***

ABLAZE

HOUSE OF PRAYER

Prayerfully consider making a financial commitment to the Mission and Vision of Ablaze House of Prayer. Ablaze is helping people of all ages to experience the person and gifts of the Holy Spirit. It is our mission to help the Church build the culture of Pentecost by offering praise, worship, formation, and fellowship which transforms peoples, communities, and schools etc... This ministry is dedicated to LIFE IN THE SPIRIT!

Name: _____

Address: _____

Email: _____

Phone: _____

**** to donate monthly through electronic withdrawal please complete the reverse side of this commitment card or for other giving option visit www.ablazeworship.org***