AUTOMATIC DEBIT AUTHORIZATION FORM	
Company Name The City of Refuge International, Inc.	Company EIN: 20-8751547

I (we) authorize _____ The City of Refuge International, Inc. _____, hereinafter called COMPANY, to initiate debit entries to my (our) checking/savings account (circle one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of US law.

Amount $	**Date: 1st of the month**	
Depository Name	**Branch**	
City	**State**	**Zip**
		❑ Checking ❑ Savings
Routing Number	**Account Number**	
███████████	███████████	

This authorization is to remain in full force and effect until COMPANY has received **written notification** from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) Please Print	**PHONE NUMBER INCLUDING AREA CODE**
DATE	**SIGNATURE(S)**

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.