

AUTOMATIC DEBIT AUTHORIZATION FORM

Company Name The City of Refuge International, Inc.	Company EIN: 20-8751547
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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: 1 st of the month	
Depository Name	Branch	
City	State	Zip
Routing Number	Account Number	
<input type="checkbox"/> Checking <input type="checkbox"/> Savings		

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.