

**DIVINE CARE MINISTRIES AUTHORIZATION  
AGREEMENT DIRECT PAYMENTS (ACH DEBITS)**

For ongoing gifts to DCM via automatic bank draft (ACH) please print and fill out this form. **Mail it with a voided check** to Final Command Ministries PO Box 330998 Murfreesboro, TN 37133. Please include a note of how you want your contribution used (i.e. child sponsorship & sponsored child's name, general fund, etc). **\*\*Divine Care Ministries is a division of Final Command Ministries here in the U.S.\*\***

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I (we) hereby authorize the Divine Care Ministries, hereinafter called COMPANY, to debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

\$ \_\_\_\_\_ Amount to be debited each month

\_\_\_\_\_  
(Financial Institution Name)

\_\_\_\_\_  
(Branch)

\_\_\_\_\_  
(Routing/Transit Number)

\_\_\_\_\_  
(Account Number)

Type of Acct:  Checking  Savings

This authority 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 as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

\_\_\_\_\_  
(Print Individual Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City-State)

\_\_\_\_\_  
( Zip)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Transactions will be scheduled for the 15th of each month.  
Please Note: Payment will show up as *Final Command* on your bank account.

**PLEASE ATTACH A COPY OF VOIDED CHECK TO THIS FORM!**