



DIRECT DEBIT AUTHORIZATION

I, _____, hereby authorize New Life
Print Name
Advance International (NLAI) to begin Direct Debiting my bank account, account
number: _____, at _____ Bank,
ABA# _____, in the amount of _____. I understand that my
account will be debited on the 16th day of each month, beginning with the month
of _____ of 20_____.

A voided check is attached for reference.

This authorization remains in effect until written notice to terminate this authorization is given to NLAI by me. If my bank account information changes, I will promptly notify New Life Advance International so that the debit can be direct debited from the correct account.

I request that my donation be used in support of the ministry I have checked below:

For New Life Children's Home:

- ____ Children's Home
- ____ Child Sponsorship
- ____ Other: _____

For Other NLAI Ministries:

- ____ Where Most Needed
- ____ Support for: _____
- ____ Other _____

Signature

Date

ATTACH VOIDED CHECK HERE:

Please note: a deposit slip will not suffice. Some banks use a different routing number on deposit tickets than on checks.