



# Authorization Agreement for Direct Payments (ACH Debits)

If you would like to set up an automatic withdrawal, please send this completed form and a voided check or check copy to:

Attn: TTMK  
Landmark Independent Baptist Church  
6502 Johnsontown Road  
Louisville, KY 40272

**That They May Know**  
is a ministry of

Landmark Independent Baptist Church  
6502 Johnsontown Road  
Louisville, KY 40272

Phone: 502.933.3000

PNG address:  
P.O. Box 372,  
Ukarumpa,  
EHP 444  
Papua New Guinea

ThatTheyMayKnow.com

*"That they may know  
that this is thy hand;  
that Thou, LORD,  
hast done it."*

Contributions are automatically deducted from your account based on the specifications below:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ E-Mail\* \_\_\_\_\_

\*Optional. When necessary, we may use your e-mail to contact you about your donations.

I authorize That They May Know, Louisville, Kentucky, hereinafter called **TTMK** to initiate debit entries to my (our) account listed below at the financial institution listed below, hereafter called Depository, and to debit the same to such account.

Weekly

Bi-Weekly

Monthly

Financial Institution \_\_\_\_\_

Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Type of account    Checking                  Savings

This authorization is to remain in force until **TTMK** has received written notification from me (or either or us) of its termination in such time and in such manner as to afford **TTMK** and Depository a reasonable time to act upon it.

Please make transfers on the 3rd or 15th of the month, beginning: \_\_\_\_\_ / \_\_\_\_\_  
month                                  year

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature\* \_\_\_\_\_ Date \_\_\_\_\_

\*Two signatures are required if the account requires two signatures on checks or withdrawals.

Please remember to attach a voided check or check copy (not a deposit slip)  
Please print 2 copies of this form, 1 for your records and 1 to sign and mail to TTMK