



Assembly of the Living Yahweh

United Kingdom

PRE-AUTHORIZED DEBIT AUTHORIZATION

I hereby authorize Yahweh's Restoration Ministry to electronically debit my account.

Donor Name (Please print): _____

Donor Phone Number: _____

Donor Email: _____

Donor Mailing Address: _____

Bank Name: _____

Bank Address: _____

Cheque Account: _____ Account No: _____

Savings Account: _____ Sort Code: _____

Frequency of Donation: 1st Day of Each Month _____ 15th Day of Each Month _____

Amount: £ _____

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Donor's Signature

Date