# Authorization Agreement for ACH Debits
**(Monthly Transfers from Your Bank Account)**

*I (we) hereby authorize the Institute for Creation Research (Tax ID# 95-3523177) to initiate debit entries to my (our) account indicated:*

☐ Checking account ☐ Savings account (select one)

*at the depository financial institution named below, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with provision of U.S. law.*

Depository Name _____ Branch _____

City _____ State ____ Postal Code _____

Bank routing/ABA/Transit Number |__|__|__|__|__|__|__|__|__|

Bank account number |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Monthly Amount $ _____

☐ on 5th of each month
☐ on 20th of each month

*This authorization is to remain in full force and effect until the Institute for Creation Research has received written notification from me (or either of us) of its change or termination in such time and in such manner as to afford the Institute for Creation Research and the depository named above a reasonable opportunity to act on it.*

Name 1 _____ Name 2 _____

Signature 1 _____ Signature 2 _____

Date 1 _____ Date 2 _____

Address _____

City _____ State ____ Postal Code _____

Phone _____ Email _____

*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.*

- Complete this form and include a voided check (optional) from the bank account above.
- Email to **giving@icr.org** : Fax to **214-615-8297**
- Or mail to **ICR, Attn: Accounting, P. O. Box 59029, Dallas, TX 75229**

*If you have questions, please contact the Accounting Department at ICR at 800-337-0375 or email giving@icr.org. Please contact ICR if your bank is not a U.S. bank.*