

WATERFRONT

RESCUE MISSION

Authorization for pre-authorized payments

I (we) hereby authorize Waterfront Rescue Mission, Inc. to initiate recurring monthly debit entries to my (our) checking _____ savings _____ account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

DEPOSITORY NAME _____

CITY _____ STATE _____ ZIP CODE _____

TRANSIT/ABA# _____ ACCOUNT # _____

MONTHLY CONTRIBUTION \$ _____

This authority is to remain in full force and effect until Waterfront Rescue Mission has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Waterfront Rescue Mission a reasonable opportunity to act on it.

NAME(S) _____

ADDRESS _____

CITY: _____ STATE _____ ZIP CODE _____

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____

Please attach a voided check if a checking account is selected.

For Waterfront Rescue Mission use only

Date received _____

Processed by _____

Please note that your account will be debited on the 20th of each month, or on the next nearest following business day after the 20th of the month.

Demonstrating God's Goodness by Providing Rescue and Recovery Services in Jesus' Name

Waterfront Rescue Mission • www.waterfrontmission.org • 1-888-853-8655



Fort Walton Beach Mission
PO Box 637 • Fort Walton Beach, FL 32549
850-796-0700

Mobile Mission
PO Box 1095 • Mobile, AL 36633
251-433-1847

Pensacola Mission
PO Box 870 • Pensacola, FL 32591
850-438-4027

Crestview Community Care
PO Box 822 • Crestview, FL 32536
850-689-2700