



Partnership Authorization Form (ACH / Credit Card)

Two Easy Ways To Return Completed Form:

FAX	MAIL
502-493-9252	11501 Plantside Dr., Suite 14, Louisville, KY 40299

Partner Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ E-mail: _____

Payment Information

Monthly Amount: \$100 \$300 \$500 \$1,000 Other _____.

Start Date: _____

<input type="checkbox"/>	<p><u>Automatic Withdrawal From Checking Account (ACH) *</u></p> <p>Checking Routing #: _____</p> <p>Checking Account #: _____</p> <p>Withdrawal Date: <input type="checkbox"/> 1st <input type="checkbox"/> 15th</p> <p><i>*Please attach a voided check with authorization form.</i></p>
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<input type="checkbox"/>	<p><u>Credit Card Payment</u></p> <p>Type: <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> American Express</p> <p>Credit Card #: _____</p> <p>Expiration Date: _____</p>
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Supporting: _____
(ex. General Donation, Missionary's Name, Partner's Name, G.O. Kids! Sponsorship, etc.)

Signature: _____ Date: _____