

Alabaster Jars Incorporated Recurring ACH Payment Authorization



I authorize regularly scheduled charges to my checking/savings account. I will be charged the amount indicated below each billing period.

I _____ authorize Alabaster Jars Incorporated, to charge
(Full Name)
my bank account indicated below for \$ _____ on the fifteenth day of
(Amount \$)
each month.

Billing Information

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

____ Yes, I would like to receive updates on how our women, families, communities and villages are being changed through our sewing centers, church plants and village programs.

Bank Details

Checking Savings (circle one)

Account Name _____

Bank Name _____

Account Number _____

Routing Number _____



I understand that this authorization will remain in effect until I cancel it in writing.

SIGNATURE _____
(Account Holder's Signature)

DATE _____

Please send completed form to: Alabaster Jars Incorporated
2377 Upper Cattle Creek Road
Carbondale, CO 81623

or email to: ajiministry@gmail.com

Thank you for your generous support of Alabaster Jars!

Alabaster Jars Incorporated has been designated a public charity under Internal Revenue Code 501(c)(3). All contributions are considered tax deductible.