



Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Please use my monthly gift to support: Staff Support _____ Department: _____ Wherever Needed: _____

BANK DRAFT AUTHORIZATION FORM

I hereby authorize **HIS TRUTH TRANSFORMS INTERNATIONAL**, and the financial institution named on the voided check or deposit slip included with this form, to draft my bank account each month the amount shown below (this also includes my authorization for HTTI to reverse any charges made in error). This authority will remain in effect until I give written notice to cancel or change it. I further agree that HTTI shall neither incur nor assume any liability and shall be held harmless against any and all claims which may arise.

_____ New _____ Change Amount per month \$ _____ on the 5th or 20th of each month. (Please circle which date applies.)

PLEASE INCLUDE A VOIDED CHECK (OR IN THE CASE OF A SAVINGS ACCOUNT, A DEPOSIT SLIP) WITH THIS AUTHORIZATION FORM.

Signature _____ Date _____

**PLEASE MAIL TO: HIS TRUTH TRANSFORMS INTERNATIONAL
5745 N.W 132 St. OKLAHOMA CITY, OK 73142**

All contributions are tax deductible, to the extent the law allows, and will be used to spread the Gospel of Jesus Christ.
Should any project be oversubscribed, excess funds will be channeled to other essential ministry needs.