



“Equipping God’s people to reap the harvest”
P.O. Box 1174, Lincoln, CA 95648 (877) 582-2256
www.thewitnessingchurch.org

BALM Authorization Agreement

I / We authorize Begin Again Living Ministries to deduct funds from my/our checking/savings account as follows:

\$ _____ each month (\$10 minimum per month) on the 15th day of the month, or

\$ _____ each quarter (\$25 minimum per quarter) on the 15th day of September, December, March and June

This authorization will remain in effect until Begin Again Living Ministries has received written notification from me (or either of us) that it is to be changed or terminated.

All Names on Account please print:

Signature(s):

Mailing Address:

Address _____

City, State _____ Zip _____

Phone Number _____

Email _____

Account Type: Checking Savings

Bank Name _____

Bank Phone _____

Account Number _____

Routing/Transit number _____

(9-digit number printed on bottom left of check, deposit or withdrawal slip. Please enclose a voided check or withdrawal slip (not a deposit slip) with this form.

Mail to: Begin Again Living Ministries
Attn: Business Office-TWC
P.O. Box 1174
Lincoln, CA 95648

Fax to: (877) 265-9196
Attn: Business Office-TWC

Questions? Please contact Merrick Brown (877) 582-BALM x1 or email@balministries.org