



I want to help VOCCM rebuild people
to rebuild communities through the gospel.



1065 Pecan Park Circle
Jackson, MS 39209
601/353-1635 P
601/944-0403 F
info@vocm.org

Authorization Agreement for Automatic Payments

Name: _____ Phone: (____) _____
Address: _____ City: _____ Zip: _____
Financial Institution Name: _____ Branch: _____
City: _____ State: _____ Zip: _____
Transit/ABA #: _____ Checking Account #: _____

I hereby authorize the financial institution named above to pay my monthly contribution of \$ _____
_____ on the 1st day of each month or 15th of each month, beginning on _____ (date).

By charging each payment to my account and to make that deduction payable to the order of Voice of Calvary, I agree that each payment shall be the same as if it were an instrument personally signed by me. This authority is to remain in effect until revoked by me in writing. In addition, I have the right to stop payment of a charge by timely notification to my Financial Institution prior to charging my account. I understand, however, that both the Financial Institution and Voice of Calvary reserve the right to terminate this payment plan (or my participation therein).

Date: _____ Signature: _____

Please return this authorization and a VOIDED check on your account to:
Voice of Calvary Ministries • P.O. Box 10562 • Jackson, MS 39289-0562
Attn: Accounts Receivable