AUTHORIZATION AGREEMENT

DIRECT BANK DEBIT AND CREDIT CARD DONATIONS

Danny Byram Ministries, Inc is a non profit religious organization dedicated to sharing the Gospel of Jesus Christ though songwriting, recording, concerts, teaching, workshops and written form. The organization's funding comes from 3 sources: a) honoraria for live services; b) revenues through product sales; c) gifts from private donors. For the convenience of our donors and to encourage regular income to the ministry organization, we offer two electronic options for donors choosing to participate on a monthly basis: direct bank account debit (ACH) and Credit Card service through MasterCard or Visa.

The following serves as an Agreement between the undersigned and Danny Byram Ministries, Inc. Please choose one of the following for your monthly donation processing.

DIRECT BANK ACCOUNT DEBIT (ACH)	
I (we) hereby authorize DANNY BYRAM MINISTRIES, INC. to initiate debit entries to my/our band account:	
☐ CHECKING ACCOUNT ☐ SAVINGS ACCOUNT	
I/we acknowledge that the origination of Direct Bank Account Debit from Danny Byram Ministries Inc must comply with provisions of US Laws. I/windicating below the amount to be debited from the depository Financial Institution named below and to debit the same from said.	
Debit amt: \$ per month. Please debit my account:	
To take effect (mo) / (day) / (yr)	
BANK ROUTING NO: ACCOUNT NO:	
BANK/FINANCIAL INSTITUTION: BRANCH:	
ADDRESS: ST: ZIP:	
Please include a VOIDED CHECK with the above debit authorization.	
DONATION BY CREDIT CARD/BANK CARD	
I/we authorize DANNY BYRAM MINISTRIES, INC. to initiate charges to the Credit Card/Bank Card below for the amount indicate	ed:
☐ VISA ☐ MASTERCARD	
I/we acknowledge that the origination of bank card donations to my credit card/bank card must comply with US laws.	
CREDIT CARD/BANK CARD DONATION AMT: \$ (per month). Please charge my card 1st of month mid	month
Card no:	
Exp date: (mo) / (yr) To take effect: (mo) / (day) / (yr)	
Security Code: (3 digits on back of card) Billing Zip Code	
This authorization agreement is to remain in full force and affect until DBM, Inc has received full written notification by me/us of its termination in such manner as to afford DBM Inc and my bank adequate time to terminate it.	time and
NAME SIGNATURE	
ADDRESS ST ST ZIP	
EMAII DU	

PLEASE SCAN/EMAIL TO DBMINC1@GMAIL.COM (OR snail mail it: PO Box 1616, Loveland, CO 80539) Thanks for joining our team. We pray Danny's music and ministry will encourage others like it has you!