



**Partnership Authorization Form (ACH / Credit Card)**  
Please Fax Completed Form to 502-493-9252

**Partner Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Payment Information**

Amount: \$ \_\_\_\_\_ Start Date: \_\_\_\_\_

	<p><b><u>Automatic Withdrawal From Checking Account (ACH)*</u></b></p> <p>Checking Routing #: _____</p> <p>Checking Account #: _____</p> <p>Withdrawal Date:    <input type="checkbox"/> 1<sup>st</sup>    <input type="checkbox"/> 15<sup>th</sup></p> <p>*Please attach a voided check with authorization form.</p>
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	<p><b><u>Credit Card Payment</u></b></p> <p>Type:    <input type="checkbox"/> MasterCard    <input type="checkbox"/> Visa    <input type="checkbox"/> American Express    <input type="checkbox"/> Discover</p> <p>Credit Card #: _____</p> <p>Expiration Date: _____ CVV#(3 digit code on back): _____</p> <p>Process Date:    <input type="checkbox"/> 1<sup>st</sup>    <input type="checkbox"/> 15<sup>th</sup></p>
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Supporting: \_\_\_\_\_

(i.e. Staff Member name, G.O. Kids, National, Building Fund, etc.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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