

PRE-AUTHORIZED TRANSACTION AGREEMENT

Investor's Name:
Social Security Number
Extension Loan Fund Account Number
I hereby authorize the International Pentecostal Holiness Church Extension Loan Fund, Inc. to initiate electronic debit entries to the above checking or savings account as indicated below:
Bank Name
Bank ABA
Account Name
Account Number
Amount (Minimum \$25)
This authority is to remain in full force and effect until the International Pentecostal Holiness Church Extension Loan Fund, Inc. and the above stated payee bank has received notification from me of its termination in such time and manner as gives all parties involved a reasonable opportunity to act on it.
I understand that the above account will be debited on the 5^{th} day of each month. Please attach a voided check with this document.
DateSigned
Title

NOTE: Please complete the entire form to assure no delay in processing this request.