



# PROJECT BEACON

CREDIT/DEBIT AUTHORIZATION FORM		
<b>BANK OR FINANCIAL INSTITUTION INFORMATION</b>		
Name of Bank:	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Bank Address:	Routing Number:	
City, State, Zip:	Account Number:	
<b>ACCOUNT HOLDER INFORMATION</b>		
Name on Account:	Phone:	
Address:	City, State, Zip:	
Authorized Signature on Account:	Date:	
<input type="checkbox"/> I hereby authorize <b>Project Beacon</b> . to process debit or credit entries from my account. This authority will remain in full force and effect until <b>Project Beacon</b> . has received reasonable written notification (from either party) of its termination in such a time and in such a manner as to afford <b>Project Beacon</b> and <b>Woodforest Bank</b> a reasonable opportunity to act on it.		
Signature _____		Date _____

Please fill out completely and return form to: [accounting@projectbeacontx.org](mailto:accounting@projectbeacontx.org)