

**AUTHORIZATION FOR PERIODIC ELECTRONIC TRANSFER FROM ANOTHER FINANCIAL INSTITUTION**

Acct No: 580-12074-1-5 Date: \_\_\_\_\_  
Account Class Code: \_\_\_\_\_  
Financial Advisor No : \_\_\_\_\_ BR No : \_\_\_\_\_  
Destination: SOULS for Eternity, Inc

I hereby authorize and instruct Edward Jones to initiate debit entries in my/our depository financial institution account named below in the sum of \_\_\_\_\_ monthly/quarterly/semi-annually/annually on the \_\_\_\_\_ day of the month and credit these funds to the Edward Jones account number : \_\_\_\_\_ starting on \_\_\_\_\_.

I agree to the terms and conditions as described on the page labeled TERMS AND CONDITIONS FOR PERIODIC ELECTRONIC TRANSFER FROM OTHER FINANCIAL INSTITUTIONS.

Name of Financial Institution:	City:	State:
Routing No:	Checking/Savings (Please Circle)	
Account Owner(s) Name(s):	Account No:	
	Signature	_____
	Signature	_____
	Signature	_____
	Signature	_____

**SIGNATURE OF ALL FINANCIAL ACCOUNT OWNERS (OR THEIR LEGAL REPRESENTATIVES) IS REQUIRED.**  
Legal Representatives signing on behalf of account owners must provide a copy of the signature card establishing their authority to withdraw funds from this depository/financial institution.

### Please Attach a Voided Check Here

- We cannot accept a temporary check.
- A deposit slip is acceptable for savings accounts only.
- If your checking account will be used for this process, you must attach a voided check.
- In order for us to scan this document into the system, please do not staple the check to this form. Please use clear tape when attaching the check.

MAIL TO:  
Souls for Eternity, Inc.  
P.O. Box 315  
Nelson, GA 30151