

Personal Information

Name _____

Address _____

DOB ____/____/____ SSN ____-____-____
mm/dd/YYYY

City _____ State _____ Zip _____

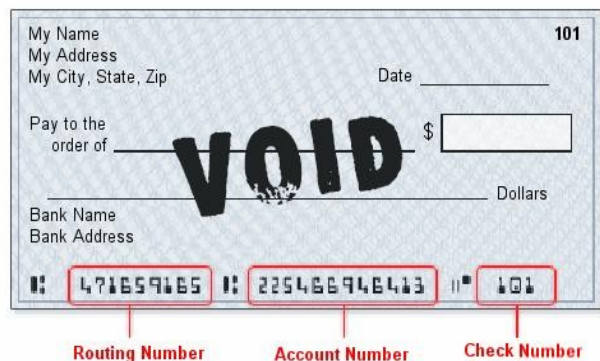
Bank Information

Name of Bank _____

Type of Account *Checking / Savings*
(circle one)

Bank Account # _____

Routing # _____



Your Signature _____ Date ____/____/____

Attached a blank check

Include a scanned copy of your passport. Just the picture page and signature page.

Return this form along with your voided check and passport copy to:

Acacia Ministries International
1503 Main St. #285
Grandview MO 64030

For any questions please don't hesitate to contact us.

Thank you,

Sam Werner

Samuel Werner
President of Acacia Ministries International