

AUTHORIZATION AGREEMENT

Automatic Donation Program

I would like to make a monthly donation of :

\$ _____ for _____
Name of Missionary or Project

Total Monthly Contribution \$ _____

\$ _____ for _____
where most needed

Month of First Donation: _____

Please take my donation from my (check one):

Savings Account

Bank Name: _____



Bank Routing # _____
9 Digits

Account # _____

Checking Account (attach a voided check below)

Staple your voided check here

Agreement: I authorize Global Grace Fellowship to process debit entries to my bank account on or around the 10th of each month. I understand that this authority will remain in effect until I provide notification within 10 business days to terminate my authorization.

Authorized Signature: _____

Date: _____

Name: _____

Address: _____

City: _____

State / Zip Code _____

Phone: _____

Email: _____

For questions or more information, call GGF 626-386-5493 or email office@globalgrace.org

Visit our website at www.globalgrace.org

Print, complete, sign this form and mail to:

Global Grace Fellowship ~ P.O. Box 539 ~ Monrovia, CA 91017-0539