



**Step 1:** Print this form.  
**Step 2:** Fill out this form.  
**Step 3:** Mail this completed form, along with a voided check to:  
 Ethnos360, 312 W First St., Sanford, FL 32771-1231

## Authorization Agreement for Automatic Debits of Donations

I (We) hereby authorize *Ethnos360* in Sanford, Florida, to initiate a monthly debit entry in the amount(s) listed below, from the account at the financial institution named below, and authorize the institution to debit the below named account for the same. This authorization is to remain in full force and effect until I/we notify *Ethnos360* in writing to terminate the deduction.

Your name(s) \_\_\_\_\_ Donor No.\* \_\_\_\_\_  
\*Optional. If you are a current Ethnos360 partner and know your donor number, please enter it.

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime phone \_\_\_\_\_ E-mail\* \_\_\_\_\_  
\*Optional. When appropriate, we may use your e-mail address to contact you regarding your donations.

Financial institution \_\_\_\_\_

Phone \_\_\_\_\_ Type of account:  checking  savings

Routing number\* \_\_\_\_\_ Account number\* \_\_\_\_\_  
\*If you are unsure of the correct routing and account numbers, please check with your financial institution.

**I (We) would like to give monthly to the following missionaries or projects:**

- |                                      |          |                            |                                    |
|--------------------------------------|----------|----------------------------|------------------------------------|
| Name <u>Gerald and Lauren DeFouw</u> | \$ _____ | Account No.* <u>997469</u> | Anonymous <input type="checkbox"/> |
| Name _____                           | \$ _____ | Account No.* _____         | Anonymous <input type="checkbox"/> |
| Name _____                           | \$ _____ | Account No.* _____         | Anonymous <input type="checkbox"/> |

\* Optional. Please fill in if you know the account number.

**Please make transfers** on the  5<sup>th</sup> or  20<sup>th</sup> of the month, beginning (month/year): \_\_\_\_\_ / \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature\* \_\_\_\_\_ Date \_\_\_\_\_

\*Two signatures are required if the account requires two signatures on checks or withdrawals.

**Please remember to:**

- Include a voided check**
- Keep a copy of this form for your records*
- Mail the signed original to: Ethnos360, 312 W First St, Sanford, FL 32771-1231; or fax it to 407-547-2355*

Contact the Finance Office if you have any questions about this form or about giving by EFT; if you wish to change your EFT contributions in the future; or if you change financial institutions: [financeusa@ntm.org](mailto:financeusa@ntm.org) or 1-866-547-2460.

**Thank you!**