Counseling for Brazil Ministries Electronic Funds Transfer

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (EFT DEBITS)

Your regular monthly donation to Counseling for Brazil Ministries by Electronic Fund Transfer may be initiated by completing and signing this Authorization Agreement form. Return the completed form with one of the following:

I (we) hereby authorize COUNSELING FOR BRAZIL MINISTRIES, hereinafter called COMPANY, to

- a. A voided blank check if the transfer is from a checking account
- b. A savings deposit slip if the transfer is from a savings account

Donation Recipient: Counseling for Brazil Ministries

authorization.

initiate debit entries to my (our) Checking A	ccount Savings Account (select one)
indicated below at the depository financial instit	
DEPOSITORY, and to debit same to such account	. ,
transactions to my (our) account must comply w	rith the provisions of U. S. law.
Bank name:	Check Sample
Dank name.	John Doe 123 W Main St. Anytown USA 1245
Bank city/state:	NATTO SEE GROOK OF S
Routing number:	YOUR BANK ANTON: IDA Do not include
Account number:	Tos. Check Number on form.
Monthly automated debit amount: \$	Bank Routing Number Bank Account Number
Month/year to begin debit:/	
The automated deduction from your checking/sa 15 th of each month (please indicate your choice)	
This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.	
Name(s):	Phone:
(Please print)	
Signature(s):	Date:
Home address:	
Email:	
NOTE: Written debit authorization must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the	

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For questions or additional information, please feel free to contact our Accounting Assistant

(Paula Nichols) at (816) 289-2562 or e-mail: accounting@counselingforbrazil.org