

# ELECTRONIC FUNDS TRANSFER

## HOW TO GET STARTED

Your regular monthly donation to the Brazil Gospel Fellowship Mission by Electronic Fund Transfer may be initiated through the following process:

1. Complete and sign the Authorization Agreement form below.
2. Return the completed form with one of the following:
  - a. if checking - a voided blank check
  - b. if savings - a savings deposit slip
  - c. with your next donation

The automated deduction from your checking/saving account will occur on or about the **12<sup>th</sup>** \_\_\_ or **20<sup>th</sup>** \_\_\_ of each month (please indicate your choice). The first deduction will occur in the month you indicate on the authorization form below.

For questions or additional information, please feel free to contact Chris Disler or Karen Williams at (217) 523-7176 between 9:00am and 12:00pm Monday through Friday or e-mail: [bgfm\\_karen@bgfmission.com](mailto:bgfm_karen@bgfmission.com)

### AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (EFT DEBITS)

Name: BRAZIL GOSPEL FELLOWSHIP MISSION Donation Recipient(s) \_\_\_\_\_

I (we) hereby authorize BRAZIL GOSPEL FELLOWSHIP MISSION, hereinafter called BGFM, to initiate debit entries to my (our) \_\_\_ **Checking** Account \_\_\_ **Savings** Account (select one) indicated below at the depository financial institution named below, hereinafter called BANK, and to debit same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

**Bank Name** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Routing Number** \_\_\_\_\_ **Account Number** \_\_\_\_\_

Monthly Automated Debit **Amount** \$ \_\_\_\_\_ **Month** to Begin Debit \_\_\_\_\_

This authorization is to remain in full force and effect until BGFM has received written notification from me (or us) of its termination in such time and in such manner as to afford BGFM and our Bank a reasonable opportunity to act on it.

\_\_\_\_\_  
**Name(s)** \_\_\_\_\_ **Phone Number** ( \_\_\_\_ ) \_\_\_\_\_  
Please Print

**Signature(s)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_

\_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

This form may be mailed to: Brazil Gospel Fellowship Mission  
PO Box 355  
Springfield, IL 62705-0355

or emailed to: [bgfm\\_karen@bgfmission.com](mailto:bgfm_karen@bgfmission.com)