

# ELECTRONIC FUNDS TRANSFER

## HOW TO GET STARTED

Your regular monthly donation to BGMF Global (BGMF) by Electronic Fund Transfer may be initiated through the following process:

Complete and sign the Authorization Agreement form below and return it to:  
BGMF, PO Box 355, Springfield, IL 62705-0355 or send via e-mail to: [bgfm\\_karen@bgfmission.com](mailto:bgfm_karen@bgfmission.com)

The automated deduction from your checking/saving account will occur on or about the **12th** \_\_\_ 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:** \_\_\_\_\_ **Donation Recipient(s)** \_\_\_\_\_

If multiple recipients, list names and amounts for each. \_\_\_\_\_

I (we) hereby authorize **BGMF Global (BGMF)**, 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:** \_\_\_\_\_

**Routing**  
**Number:** \_\_\_\_\_

**Account**  
**Number:** \_\_\_\_\_

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

This authorization is to remain in full force and effect until BGMF Global has received written notification from me (or us) of its termination in such time and in such manner as to afford BGMF Global 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** \_\_\_\_\_