



# Electronic Funds Transfer Payment Authorization Form

## Donation Information

I authorize Proverbs 31 Ministries:

To initiate entries to my checking/savings account (circle one). This authority will remain in effect until I notify in writing to cancel it in such time to afford the company a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

Name of Financial Institution: \_\_\_\_\_

Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Account No: \_\_\_\_\_  Checking  Savings

Financial Institution Routing Number: \_\_\_\_\_

Amount of each withdrawal: \$ \_\_\_\_\_

Select withdrawal date: \_\_\_\_\_

\_\_\_\_ 15<sup>th</sup> of each month

\_\_\_\_ 30<sup>th</sup> of each month

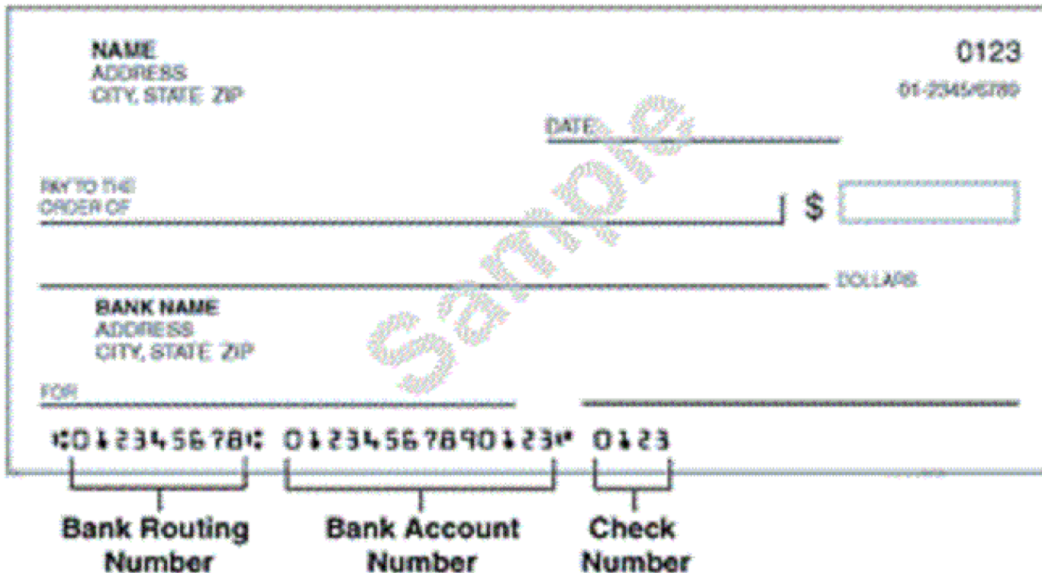
Your Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please mail original document with a cancelled check from the institution above to:  
Proverbs 31 Ministries  
630 Team Road  
Matthews, NC 28105

Attach Cancelled check below





# Electronic Funds Transfer Payment Authorization Form

Retain for your records

On \_\_\_\_\_ I authorized:  
(Date)

Proverbs 31 Ministries to initiate electronic entries to my checking/savings account and have agreed to the terms listed on the authorization with you at any time by writing to the address above.

Initial payment amount: \$ \_\_\_\_\_

(If payment amount changes we will notify you at least 10 days before the regularly scheduled payment date.)

Amount of each withdrawal: \$ \_\_\_\_\_

Withdrawal date: \_\_\_\_\_

\_\_\_\_\_ 15<sup>th</sup> of each month

\_\_\_\_\_ 30<sup>th</sup> of each month