



ELECTRONIC FUNDS TRANSFER

ELECTRONIC FUNDS TRANSFER Authorization Form

Your Information

NAME _____

STREET ADDRESS OR PO BOX _____

CITY, STATE & ZIP _____

PHONE NUMBER _____

Your Bank

BANK NAME _____

PHONE NUMBER _____

Your Account

Checking Account Savings Account

ACCOUNT NUMBER _____

ROUTING NUMBER (9 DIGITS, BOTTOM LEFT NUMBER ON CHECK) _____

Gift Amount and Designation

Please use the back of this form to designate a supported staff person, missionary, project, country, General Fund (operating expenses) or Where Needed Most and to enter the amount for each.

Gift Duration

Continue until further notice from me.

From _____ To _____

MONTH & YEAR MONTH & YEAR

Authorization

I authorize Things to Come Mission to transfer the amount listed on the reverse from my bank account on or about the 20th day of each month throughout the specified period.

ACCOUNT AUTHORIZED SIGNATURE _____ DATE _____

Designate Your Gift Here

DESIGNEE	AMOUNT
TOTAL MONTHLY DONATION	

Use a separate paper if you need more space.

Instructions

Complete both sides of this form, sign and mail* to Things to Come Mission at the address below.

Things to Come Mission

PO Box 127
Beech Grove, IN 46107

***Please include a voided check if possible.**



Call us at (317) 783-0300 if you have any questions about how to fill out or submit this form.



SUPPORT WORLDWIDE EVANGELISM
CONSISTENTLY AND SAFELY