

Electronic Funds Transfer Authorization Form

Donor Information

Donor Name _____

Address _____

City, State, Zip _____

Daytime phone number where we can reach you if we have any questions:

() _____

- This is my work number.
 This is my home number.

Bank Information

Your Bank's name _____

Full address _____

_____ Phone Number () _____

- The withdrawals will be made from my checking account

My checking account number is : _____

I am enclosing a voided check with this form.

- The withdrawals will be made from my savings account

My savings account number is : _____

My bank's routing number is : _____

Date of my first withdrawal: ___/15/___ . (Remember, in order to begin the EFT on the date you indicate here, God of Wonder Ministries needs to have received this form at least a month in advance, by the 15th of the previous month.)

**DONOR DESIGNATIONS AND AUTHORIZATIONS
REQUIRED ON REVERSE SIDE**

Electronic Funds Transfer

■ **God of Wonder Ministries, International**

Checklist for your records:

- ✓ I have filled out all of the information requested.
- ✓ I have enclosed a voided check with my authorization to withdraw from my checking account (not necessary for withdrawal from savings).
- ✓ I understand that if my enrollment does not reach GWMI by the 15th of the month, GWMI will not be able to withdraw money from my account on the on the 15th of the following month. Instead, my first withdrawal will be held over yet month.
- ✓ I further understand that if I wish to change the amount of the withdrawal or the designation, or even withdraw from the program, I need to contact GWMI in writing before the 15th of the month to guarantee action on the following month's withdrawal.

\$ _____ will be withdrawn from
 Act # _____ at
 _____ Bank
 on the 15th of each month.

Detach here

Donor Designations and Authorization

Choose One:

- I will be giving gifts monthly until I notify GWMI, NPO to stop the EFT
- OR**
- I will be giving monthly until _____ (date of last withdrawal)

Please designate my gift monthly as follows:

| | |
|--|-------------------|
| List God of Wonder Ministries, Int. and/or a specific Missionary/Project: | Amount Per Month: |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

TOTAL MONTHLY DEDUCTIONS: \$ _____

I/we hereby authorize GWMI, NPO to transfer this amount shown from the indicated account on the 15th of each month (if the date falls on a weekend or holiday, on the next business day).

Donor signature *(both signatures required on joint account)*

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DONOR AND BANK INFORMATION REQUIRED ON REVERSE SIDE

Return to:
GWMI
Attn: EFT Program
P.O. Box 786
Hamilton, Montana 59840