



Electronic Funds Transfer Enrollment Form

Effective Date of Authorization: _____

Last Name: _____ First Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Preferred Method of Communication for Contribution Receipts: Email _____
 U.S Postal Service

Please check each box below that applies to your interest.

I authorize my bank to deduct the amount indicated on the day shown below. **My voided check is attached.**

Please debit my contribution from: Checking Account Savings Account

Routing Number: _____ Account Number: _____

Select the date that is best for you to have your contribution transferred each month.

I authorize NTM through EFT to draft my bank account each month in the amount of \$_____ on the **5th** of each month.

I authorize NTM through EFT to draft my bank account each month in the amount of \$_____ on the **15th** of each month.

My gift preference is for (Missionary name, general operations, or other as you desire to designate):

_____ Amount: \$ _____

_____ Amount: \$ _____

Agreement:

I authorize North Texas Missions, Inc to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature: _____ Date: _____

Please staple voided check here.

(Your voided check helps to verify and confirm your account number and routing number)

For Office Use:	Contributor #	Date:
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Mail completed form to:

P.O. Box 424
Frisco, TX 75034
NorthTexasMissions.org