

Step 1: Print this form. Step 2: Fill out this form.

Step 3: Mail this completed form, along with a voided check to: *Ethnos360*, 312 W First St., Sanford, FL 32771-1231

## Authorization Agreement for Automatic Debits of Donations

I (We) hereby authorize *Ethnos360* in Sanford, Florida, to initiate a monthly debit entry in the amount(s) listed below, from the account at the financial institution named below, and authorize the institution to debit the below named account for the same. This authorization is to remain in full force and effect until I/we notify *Ethnos360* in writing to terminate the deduction.

Your name(s)		*Optional. If you are a current Ethnos360 partner and know your donor number, please enter it.		
	*Optional. If you are a current			
Street Address				
City		State	Zip Code	
Daytime phone		E-mail*		
	*Optional. When appropriate, w	ve may use your e-mail address to co	ntact you regarding your donations.	
Financial institution				
Phone		Type of account:	$\square$ checking $\square$ savings	
Routing number*	Acco	Account number*		
		outing and account numbers, please		
I (We) would like to give month	nly to the following miss	sionaries or projects:		
Name	\$	Account No.*	Anonymous 🗆	
Name	\$	Account No.*	Anonymous □	
Name	\$	Account No.*	Anonymous 🗆	
		* Optional. Please fill	in if you know the account number.	
Please make transfers on the [	☐ 5 <sup>th</sup> or ☐ 20 <sup>th</sup> of the mo	nth, beginning (month/year	):/	
Signature		Date		
	Date			
	*Two signatures are required i	if the account requires two signat	ures on checks or withdrawals.	
•	Ethnos360, 312 W First St,	Sanford, FL 32771-1231; or fa		
Contact the Finance Office if you ha	ave any questions about this	s torm or about giving by EFT;	if you wish to change your	

EFT contributions in the future; or if you change financial institutions: financeusa @ntm.org or 1-866-547-2460.

Thank you!