

INTERLINK MINISTRIES, INC.

PO Box 460, Apple Creek, OH 44606 | Phone 330-698-5465 | interlinkfamily@aol.com | interlinkministries.org

RECURRING EFT AUTHORIZATION FOR DONORS

Please check if this is a revision to an original we have on file

PERSONAL INFORMATION:

Name: _____
(Your name as it appears on your bank account)

Address: _____

(City, State, Zip) Phone: _____

Cell Phone: _____ Email: _____

FINANCIAL INSTITUTION INFORMATION:

Bank's Name: _____ Account: Checking Savings

Account number: _____ Bank Routing number: _____

AUTHORIZATION:

I hereby authorize INTERLINK MINISTRIES, INC. to deduct from my bank account the amount of \$_____ monthly, for the following missionary or project:

Missionary or Project Name: _____

DATE OF TRANSFER: Starting _____20th (or the next business day). This authority is to remain in full force and effect until written notice from me has been received by INTERLINK MINISTRIES, INC. in such a manner as to afford reasonable time to act on it.

The supported missionary or project will be charged for any bank fees incurred as a result of non-sufficient funds or other related bank charges regarding this monthly support.

Signature: _____ Date: _____

PLEASE RETURN A VOIDED CHECK OR A COPY OF A VOIDED CHECK ALONG WITH THIS FORM

In an attempt to save time, envelopes, and postage; we would like to ask if we could send you an end-of-the-year (EOY) statement only, and not the usual monthly statements. If you do not fill out the information below, you will **NOT** receive monthly statements. However, you will receive an EOY Statement by January 31st for your tax preparation.

I desire to receive my monthly statements as well as my EOY statement. Indicate yes here _____

Signature: _____ Date: _____