

# INTERLINK MINISTRIES, INC.

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## DONOR AUTHORIZATION FOR MONTHLY EFT BANK ACCOUNT DONATION

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

### PERSONAL INFORMATION:

Your Name: \_\_\_\_\_  
(as it appears on your bank account)

Address: \_\_\_\_\_  
\_\_\_\_\_  
(City, State, Zip) PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

### FINANCIAL INSTITUTION INFORMATION:

Bank's Name: \_\_\_\_\_ Account: Checking  Savings

Account number: \_\_\_\_\_ Bank Routing number: \_\_\_\_\_ I: \_\_\_\_\_ I: \_\_\_\_\_

### 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 \_\_\_\_\_ 15<sup>th</sup> (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 31<sup>st</sup> for your tax preparation.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_