



Interlink Ministries

P.O. Box 460, Apple Creek, OH 44606

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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: I: _____ :I

AUTHORIZATION:

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

Member 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 member 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: _____