ELECTRONIC FUNDS TRANSFER

HOW TO GET STARTED

***Brazil Gospel Fellowship Mission (BGFM) is now BGFM global**

Your regular monthly donation to *BGFM global by Electronic Fund Transfer may be initiated through the following process:

Complete and sign the Authorization Agreement form below and return it to:
BGFM global, PO Box 355, Springfield, IL 62705-0355 or send via e-mail to: bgfm_karen@bgfmission.com

The automated deduction from your checking/saving account will occur on or about the **12**th ___ or **20**th ___ of each month (please indicate your choice). The first deduction will occur in the month you indicate on the authorization form below.

For questions or additional information, please feel free to contact Karen Williams at (217) 523-7176 between 9:00am and 12:00pm Monday through Friday or e-mail: bgfm_karen@bgfmission.com

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (EFT DEBITS)

Name: _____ **Donation Recipient**(s) _____

If multiple recipients, list names and amounts for each. _____

_____

I (we) hereby authorize BGFM global, to initiate debit entries to my (our) ____ **Checking** Account ____ **Savings** Account (select one) indicated below at the depository financial institution named below, hereinafter called BANK, and to debit same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Bank Name: _____

Routing Number:_____ **Account Number:**_____

Monthly Automated Debit **Amount** $_____ **Month** to Begin: _____

This authorization is to remain in full force and effect until BGFM global has received written notification from me (or us) of its termination in such time and in such manner as to afford BGFM global and our Bank a reasonable opportunity to act on it.

_____

Name(s) _____ **Phone Number** (___)_____
Please Print

Signature(s)_____ **Date** _____

Home Address: ___ **Email**: _____

_____

City_____ **State**_____ **Zip** _____