



Shepherd's Staff
mission facilitators

ELECTRONIC FUNDS TRANSFER FORM

I would like to participate in Shepherd's Staff Mission Facilitators global ministry.

Name: _____ E-mail: _____
Street: _____ Phone: _____
City/State: _____ Zip: _____

Payment Options:

1) CHECKING: For checking account authorization, please attach a voided check.

I, _____, authorize my bank to make my donation by direct debit to the checking account listed below, and post it to my account.

Bank Name: _____

Address: _____

City/State/Zip: _____

Routing Number: _____

Account Number: _____

2) CREDIT CARD () MASTERCARD () VISA

ACCOUNT #: _____

EXPIRATION DATE: ____/____

I would like to specifically donate to the work of:

1) Missionary

Missionary's Name: _____ account# _____ Total monthly donation: _____

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Month you would like your EFT to begin: _____

If you are making a one-time donation, please check here.

I understand that I am in full control of my payment, and if at any time I decide to make any changes or discontinue the EFT service, I will call or write Shepherd's Staff. Change of payment method will not affect other provisions and terms of my contract. I also understand that the EFT is scheduled on the **20th** day of the month.

Donor's signature: _____ Date: _____

PLEASE ATTACH VOIDED CHECK - staple here