

ELECTRONIC FUNDS TRANSFER

Complete this Authorization Form and return it to the address below.

I give my bank permission to transfer the following amount from my checking/savings account as a donation to Wings of Blessing each month.

Name _____
Address _____
City, State, Zip Code _____
Email _____
Phone _____

Please use my contribution(s) for the following Wings of Blessing missionaries and/or projects:

A. _____ \$ _____/mo
B. _____ \$ _____/mo
C. _____ \$ _____/mo
My total monthly deduction: \$ _____/mo
Month to begin EFT: _____

Make the monthly deduction from my:

Checking Account _____ Savings Account _____
Bank Name _____
Address _____
Routing No. _____
Account No. _____

I understand and agree with the information below:

I authorize Wings of Blessing to transfer the total amount indicated on or about the 15th of each month, beginning in the month designated and in effect until I notify Wings of Blessing. In the event of an error, I have the right to tell my bank to reverse any transfer with a written notice within 60 days of the transaction in question. Wings of Blessing will provide an annual receipt by January 31 each year for funds deducted during the previous year.

Signature _____
Date _____

Questions? Contact Donor Services at:
donorservices@wingsofblessing.org

Wings of Blessing
PO Box 1182
Kennedale, TX 76060