

## Electronic Funds Transfer Authorization Form

### Donor Information

\_\_\_\_\_  
Donor Name

(\_\_\_\_) \_\_\_\_\_  
Daytime Phone Number

### Payment Information

Amount of each monthly payment: \$ \_\_\_\_\_

Downline Location: \_\_\_\_\_

TOTAL to be paid, if applicable: \$ \_\_\_\_\_

Payments will be applied on the \_\_\_\_\_ of each month.

### Bank Information

Please attach a voided check from the account that you would like to use.

### Agreement

I hereby authorize Downline Ministries to withdraw funds from my bank account as I have instructed above.

\_\_\_\_\_  
Donor's Signature

\_\_\_\_\_  
Date

Please send this completed authorized form and voided check to Downline Ministries, 4100 Corporate Center Dr. Sringdale, AR 72762.