## Authorization Agreement for Automatic Debits of Donations

**Note**: No need to print this form and mail it. You can email it if you prefer.

|  |  |  |
| --- | --- | --- |
| Name of Financial Institution: |  |  |
| Routing Number: |  |  |
| Account Number: |  | Checking |  Savings |

# **Which missionary or project would you like to give to? You can give to more than one.**

|  |  |  |
| --- | --- | --- |
| Missionary or Project Name(s) | Amount | Frequency |
| Frank Ruscio | $ | Monthly |

|  |  |  |
| --- | --- | --- |
| Would you like to also give to FinisTerre’s organizational needs? | Amount | Frequency |
|  | $ | Monthly |

Do you have any special instructions for us relating to this donation?

Do you want this donation to come out on the 1st, 8th, 15th or 22nd of the month?

**Donor Contact Information**

Donor’s First and Last name, or Organization Name:

Full Address:

Email Address for receipts:

Phone number:

Signature of donor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of signer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_