

Authorization Agreement for Automatic Debits of Donations

I (We) hereby authorize CityNet Ministries in Philadelphia, PA to initiate a monthly debit entry in the amount(s) listed below, from the account at the financial institution named below, and authorize the institution to debit the below named account for the same. This authorization is to remain in full force and effect until I/we notify CityNet Ministries in writing to terminate the deduction.

Your name(s) _____

Donor No.* _____

**Optional. If you are a current CityNet partner and know your donor number, please enter it.*

Street Address _____

City _____ State _____

Zip Code _____

Daytime phone _____ E-mail* _____

**Optional. When appropriate, we may use your e-mail address to contact you in regard to your donations.*

Financial institution _____

Phone _____

Type of account: _____ checking _____ savings _____

Routing number* _____ Account number* _____

**If you are unsure of the correct routing and account numbers, please check with your financial institution.*

I (We) would like to give monthly to the following missionaries or projects:

Name _____ \$ _____

Account No.* _____

** Optional. Please fill in if you know the account number.*

Please make transfers on the 3rd or 15th of the month (check one), beginning (month/year): _____ / _____

Signature _____ Signature _____

Date _____ Date _____

**Two signatures are required if the account requires two signatures on checks or withdrawals.*

Please remember to:

- ∞ Include a voided check
- ∞ Keep a copy of this form for your records
- ∞ Mail the signed original to: CityNet Ministries PO Box 35189, Philadelphia, PA 19128

Contact Emanuel Gingrich if you have any questions about this form or about giving by EFT; if you wish to change your EFT contributions in the future; or if you change financial institutions: bookkeeper@citynetphilly.org or call: (215) 483-8018, Thank you!