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Automatic Monthly Donation Plan — Authorization Form

Name: _____

Street or P.O. Box: _____

City: _____

Province: _____ Postal Code: _____

Tel: ( ) _____

Email: _____

Payment Method:

Option One: Donate from my Bank Account

Bank Name: _____

Branch Address: _____
Street or PO Box

_____
City

_____
Province: Postal Code

Bank Routing Number: __ __ __ __ __ __ __ __ __

Your Account Number: _____

Please include a voided check or, for a savings account, a deposit slip.

Option Two: Donate with my Credit Card

☐ Visa ☐ MasterCard

Expiration Date: ____ / _____

Number: __ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __

Name as it appears on Card: _____

I wish to donate monthly to these accounts:

	Amount per month
☐ Where needed most	$ _____

Missionary Support

	Amount per month
☐ _____ Missionary's Name	$ _____
☐ _____ Missionary's Name	$ _____
☐ _____ Missionary's Name	$ _____

Projects & General Need

	Amount per month
☐ Translation Project — Language: _____	$ _____
☐ Produce Visual Aids	$ _____
☐ "Seed Money" to do first prints	$ _____
☐ Help with GoodSeed office expenses	$ _____
☐ Sponsor giveaway books	$ _____

Total Monthly Donation: $

With EFT, even small donations become feasible. One hundred people giving $5 a month to any fund is a big help, and it's no more work for you or for us!

I authorize GoodSeed to withdraw the above monthly total from the specified financial institution. I understand that this authorization may be cancelled or changed at any time, and will continue until otherwise notified. Please start withdrawal:

☐ 1st or ☐ 15th of _____ (Month) of _____ (Year)

Signature _____ Date _____

Signature* _____ Date _____

*If account requires two signatures on checks or withdrawals

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