

Electronic Fund Transfer

If you wish to contribute monthly to the work of Third Millennium Ministries and prefer having your gift automatically transferred from your checking account, we offer a convenient EFT service. Simply complete the form below and return it to us with a voided check.

| Name: | Withdraw From My Bank Account |
|---|---|
| <u>Amount</u> : | Address |
| Frequency: | City |
| ■ Monthly, beginning in■ Quarterly, beginning in | State Zip |
| ☐ Bi-Annually, in & Annually, in the month of | Phone |
| Designation: | Email |
| Your greatest need Specified: | Yes, I authorize Third Millennium Ministries to withdraw the above amount from my bank account I have included a voided check. I may change the amount or cancel my monthly contribution at any time by notifying Third Millennium Ministries. |
| Date to Deduct: Debit my account on the ☐ 1st ☐ 15th of the month according the amount and frequency I have specified | |
| I understand that this agreement will remain in effect until Third from me of an increase, or decrease, or termination (<i>must be recscheduled debit / charge date</i>), or until Third Millennium Ministries are not refu Millennium Ministries or the financial institution I specified wit institution is responsible for accurate and timely posting of my t double-posting error, I agree to handle this problem directly wit | ceived at least five business days prior to the next stries terminates the agreement. I understand that undable, unless an error has been made by Third thin this form. I understand and agree that the financial transferred contributions. In the event of an amount or |
| Date Signature | |
| Please return your completed authorization form to Third Millennium Ministries. | |

