



[DOWNLINE MINISTRIES]

Electronic Funds Transfer Donor Authorization Form

Donor Information

Donor Name

(_____)_____
Daytime Phone Number

Donation Information

Amount of each donation: \$_____

Frequency of each donation: _____ Monthly
_____ Quarterly (January, April, July and October)

Month of first donation: _____ 20____

Your donation will be withdrawn on the first of the month. A receipt will not be mailed to you for each donation made using electronic funds transfer.

Bank Information

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

Agreement

I hereby authorize DownLine Ministries to withdraw funds from my bank account as I have instructed above. These withdrawals are donations to the staff person listed above at DownLine Ministries. This agreement will remain in full force and effect until DownLine Ministries has received written notification from me of its termination.

Donor's Signature

Date

Please send this completed authorization form and first donation to:
DownLine Ministries, P.O. Box 770296, Memphis, TN 38177