



PO Box 128, 575 US 250 ♦ Savannah, OH 44874

MapMinistry.org ♦ (419) 962-1515



Thank you for your interest in making contributions through automatic bank drafts. We have an electronic funds transfer [EFT] program set up with our local bank which, with your permission, allows them to draw a fixed gift amount directly from your checking account each month.

This saves you postage and time in writing checks. When our bank notifies us that the transfer has been made, we add the gift to your records here at Mission to Amish People and mail you a receipt.

You may change the amount or terminate the arrangement at any time bywriting to us early enough to stop the next month's withdrawal.

On the Authorization Form, please tell us the day of the month you want the withdrawal made, which area of ministry you want your gift to go to, and the amount of the monthly gift. Keep one Authorization Form for yourself and return the other to Mission to Amish People, donations@mapministry.org or PO Box 128, Savannah, OH 44874.

Date: _____

I, _____, authorize Mission to Amish People to begin charging my bank account in the amount of \$ _____, on each _____ [day] of the month.

My Account Information:

1. Customer's Name, as it appears on Bank account: _____
2. Bank Name: _____
3. Account Type: Personal Checking Savings Business Checking
4. Bank ABA Routing Number: _____
5. Bank Account Number: _____

I would like to designate my financial support toward the following:

1. General Operations\$ _____
2. The Bible Courses\$ _____
3. Amish Voice Publication\$ _____
4. The Benevolent Fund\$ _____
5. Joe Keim Ministry\$ _____
6. Jonas Yoder Ministry\$ _____
7. Samuel Girod Ministry\$ _____
8. Other _____ \$ _____

This payment authorization is valid and shall be in effect unless I, _____ notify Mission to Amish People of its cancelation by calling (419) 962-1515 or by sending a written notice to Mission to Amish People, PO Box 128, Savannah OH 44874, Map@MapMinistry.org.

Donors Name: _____ Email: _____

Address: _____ Phone: () _____

Signature: _____ Date: _____ / _____ / _____

Please keep a copy of this form for your own records.