

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS

Global Tribes Outreach, Inc.

Telephone: 864-972-0011

ES7356

Po Box 60 Terre Hill, PA 17581-0060

Email: gtobookkeeping@gmail.com

Last Name		First Name	
Address			
City		State	Zip
Telephone		Email	

Please debit my donation from my (check one): <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3
	Account Number: _____

Date of first donation: ____/____/____	Frequency of donation: (please check only one) <input type="checkbox"/> Semi-Monthly – 1 st and 15 th <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th <input type="checkbox"/> Quarterly on the 1 st	Fund designations and amounts: <input type="checkbox"/> General Fund \$ _____ <input type="checkbox"/> Project Fund \$ _____ <input type="checkbox"/> Personnel Support \$ _____ <input type="checkbox"/> Compassion Home \$ _____ <input type="checkbox"/> IDP Fund \$ _____ <p align="right">Total \$ _____</p>
Special Instructions or further details for fund designations: _____		

AGREEMENT

I authorize the above organization and Vanco Services, LLC to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature: _____ Date: _____

Please staple voided check here