



You asked... we listened!

Electronic Funds Transfer (EFT) Donation Option Now Available

- EFT is a direct debit program whereby your donation is debited automatically from your checking or savings account.
- You can consistently support the Fresno Rescue Mission without having to write a check.
- You pick the deduction date and then record it in your check register on the appropriate date. All electronic transfers will be itemized on your bank statement.
- You can notify us at any time regarding any changes in your account, deduction amount or desire to cancel.

Questions:
(559) 268-0839, Ext. 204

To enroll, complete and sign the authorization form below and return it along with a voided check or savings deposit slip and mail to: Fresno Rescue Mission, P. O. Box 1422, Fresno CA 93716-1422.

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS	
Name on Account (please print): _____	
Address: _____	
City: _____	State: _____ Zip: _____
Phone: () _____	Cell Phone: () _____
E-Mail Address: _____	
Please debit my ongoing donation from my (check one):	
<input type="checkbox"/> Checking Account – <i>attach a voided check to this form</i>	
<input type="checkbox"/> Savings Account – <i>attach a voided savings deposit slip</i> <i>(please check with your financial institution to ensure you have the correct routing number and account number)</i>	
Donation Information (Please indicate your donation amount and frequency):	
\$ _____	<input type="checkbox"/> Weekly – Debited on Wednesdays <input type="checkbox"/> Semi-monthly – Debited on the 1 st and the 15 th <input type="checkbox"/> Monthly – Debited on the 1 st or the 15 th (please circle one)
Please make my ongoing donation effective _____ (date of first donation). mm/yy	
Please apply my donation to: <input type="checkbox"/> Fresno Rescue Mission <input type="checkbox"/> The Foundation at the Mission	
I authorize the Fresno Rescue Mission to process monthly debit entries from my account according to the donation information above. I understand that this authorization will remain in effect until I provide reasonable notification of its termination.	
Authorized Signature: _____	Date: _____

