



The Master's Mission, Inc www.mastersmission.org (828) 479-6873

## AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS

(CHECKING/SAVINGS ACCOUNT or CREDIT CARD) ES6622

Donor #: \_\_\_\_\_  
(leave blank if not applicable)

Today's Date: \_\_\_\_\_

Name on Account/Credit Card (please print) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address (required): \_\_\_\_\_

Phone Number (required): (\_\_\_\_) \_\_\_\_\_

### DONATION INFORMATION

Donation Amount: \$ \_\_\_\_\_

Check one:  Monthly - Debited on the 5<sup>th</sup>  
 Monthly - Debited on the 20<sup>th</sup>  
 Quarterly - Debited on the 5<sup>th</sup> day beginning \_\_\_\_\_ (please specify month to begin)

Please make my ongoing donation effective \_\_\_\_\_ (date of 1<sup>st</sup> donation) through \_\_\_\_\_ (end date if applicable)  
(MM/YY) (MM/YY)

Donation to:  Missionary/Project \_\_\_\_\_  
 General Fund

### CREDIT CARD - Complete this section ONLY if authorizing payment by Credit Card

Please charge my ongoing donation to my:

Visa  MasterCard  American Express  Discover Card

Credit Card number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Billing Address if Different from Above: \_\_\_\_\_

I authorize The Master's Mission, Inc to charge my credit card according to the donation information above. The authority will remain in effect until I provide reasonable notification to terminate this authorization.

Signature (as it appears on the credit card): \_\_\_\_\_ Date: \_\_\_\_\_

### CHECKING/SAVINGS ACCOUNT - Complete this section ONLY if authorizing payment from your checking or savings account

Please debit my ongoing donation from my (check one):

Checking Account - *attach a voided check*  
 Savings Account - *contact your financial institution for the appropriate Routing Number*

Routing number: \_\_\_\_\_  
*Valid Routing # must start with 0, 1, 2, or 3*

Account Number: \_\_\_\_\_

I authorize The Master's Mission, Inc. and Vanco Services, LLC to process 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: \_\_\_\_\_