

ELECTRONIC FUND TRANSFER FORM - USA

1. PERSONAL INFORMATION

Name: _____

Address: _____

City: _____

Prov: _____ Postal Code: _____

Today's Date: _____

2. GIFT INFORMATION

Amount of monthly contribution: \$ _____

The date you choose for Resonate Global Mission to electronically transfer funds is

(choose one):

5th of each month

20th of each month

Other date of each month _____

Please designate my gift to:

Missionary: _____

Project: _____

Use Where Most Needed (801210)

This authority is to remain in full force and effect until Resonate Global Mission has received verbal or written notification from me of its termination in such time and in such manner as to afford Resonate Global Mission and the financial institution named above a reasonable opportunity to act on it. I agree to inform Resonate in the event of any changes to my contact or financial information.

3. METHOD OF GIFT CONTRIBUTION:

please choose one option

A. Checking/Savings Account EFT

I authorize Resonate Global Mission to debit my checking/savings account for the amount and frequency I have instructed above, and to credit or adjust debits, if necessary, to the checking account indicated.

Financial Institution: _____

Branch: _____

City: _____

State: _____ Zip: _____

Transit/ABA No: _____
(first 9 numbers from the bottom left corner of your check)

Account No: _____
(numbers following Transit/ABA No, without check number)

Signature: _____

Important: Include a voided check with this form. Please do not fill out or sign the check. Deposit / withdrawal slips cannot be accepted.

B. Credit Card EFT

I authorize Resonate Global Mission to debit my credit card for the amount and frequency as I have instructed on the this form, and to credit or adjust debits, if necessary, to the credit card account indicated below.

AMEX MasterCard VISA DISCOVER

Expiration date: _____

Card No: _____

Signature: _____

Please mail this completed, signed form to:

RESONATE GLOBAL MISSION
1700 28th Street SE
Grand Rapids, MI
49508-1407

[RESONATEGLOBALMISSION.ORG/DONATE](https://www.resonateglobalmission.org/donate)

For questions about EFT or the form please contact:

P (616) 726-1144
P 877-272-6205


Resonate[™]
GLOBAL MISSION
 A Ministry of the Christian Reformed Church