

Step 1: Fill out this form. Step 2: Print this form.

Step 3: Mail this completed form, along with a voided check to: *Ethnos360*, 312 W First St., Sanford, FL 32771-1231

Authorization Agreement for Automatic Debits of Donations

I (We) hereby authorize *Ethnos360* in Sanford, Florida, to initiate a monthly debit entry in the amount(s) listed below, from the account at the financial institution named below, and authorize the institution to debit the below named account for the same. This authorization is to remain in full force and effect until I/we notify *Ethnos360* in writing to terminate the deduction.

Your name(s)	Donor No.*ou are a current Ethnos360 partner and know your donor number, please enter it.		
*Optional. If you a			
Street Address			
City	State	Zip Cod	e
Daytime phone			
*Optional. When ap		-mail address to contact you regar	ding your donations.
Phone	Тур	e of account: checkir	ng 🗌 savings
Routing number**If you are unsure of t		nt numbers, please check with you	
I (We) would like to give monthly to the follow	ing missionaries or	projects:	
Name Ji & Timothy Cavanaugh	\$	Account No.*	998141
Name	\$	Account No.*	
Name	\$	Account No.*	
	* (Optional. Please fill in if you know t	the account number.
Please make transfers on the \square 5 th or \square 20 th o	of the month, beginnin	g (month/year):	/
Signature		Date	
Signature*		Date	
*Two signatures are	e required if the account re	quires two signatures on chec	cks or withdrawals.
Please remember to: ☐ Include a voided check ☐ Keep a copy of this form for your records ☐ Mail the signed original to: Ethnos360, 312 W	' First St, Sanford, FL 3.	2771-1231; or fax it to 407-	-547-2355

Contact the Finance Office if you have any questions about this form or about giving by EFT; if you wish to change your EFT contributions in the future; or if you change financial institutions: financeusa @ntm.org or 1-866-547-2460.