

PATH Ministries International
PO Box 7931
Bend, OR 97708
541-318-3494
Fax – 866-519-1268
PATHUSA@bendbroadband.com

Electronic Funds Transfer Authorization Form



Customer Information

Name on Account _____

Home Address _____ Best Ph# _____

Alt. Ph# _____ Email _____

Financial Institution *Circle One* (Bank - S&L - Credit Union)

Name of Institution _____ Type of Account Checking Savings

Routing Number | : _____ | : _____ Business Checking

Account Number _____



Payment Information

Please debit ongoing payments of \$ _____ from my checking/ savings account on or after the _____ day of each month until this contract has been terminated. First Payment Date ___ / ___ / ___

This is for child sponsorship of a BOY ___ GIRL ___ ANY ___

This is for a project (please describe) _____

AUTHORIZATION I authorize the electronic debit or debits to my account as outlined in the above form. I understand and agree that the electronic debit will continue until I revoke this authorization. This authorization applies to any new account information, payment amounts, and/or payment dates provided by me in the future.

I agree to notify PATH @ (541)318-3494 or in writing to the **above address** fifteen (15) or more days prior to any change to the account and/or closing of the account shown above.

I understand that I may cancel the electronic debit authorization by calling **(541)318-3494** or providing written notice to the address above fifteen (15) or more days prior to the last payment due date.

Signature

Date

PLEASE SEND THIS FORM TO THE ABOVE ADDRESS – THANK YOU!