



## Division of Overseas Ministries/Global Ministries Recurring Electronic Payment Enrollment

It is my/our desire to enroll in an automatic payment program.

Name(s) \_\_\_\_\_

Please print

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code + 4 \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

### **Authorization agreement for Electronic Funds Transfer/Credit Card transactions (below)**

I/We understand that authorization of Electronic Fund Transfers/Credit Card transactions will remain in effect according to the installment terms defined unless discontinued upon receipt of a 30-day advance written notification from me/us.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Designation: \_\_\_\_\_

### **PLEASE INDICATE PAYMENT METHOD**

Credit Card:     Visa     MasterCard     Discover     American Express

Credit Card # \_\_\_\_\_

Cardholder's Name \_\_\_\_\_ Expiration Date on Card \_\_\_\_/\_\_\_\_

Cardholder's Signature \_\_\_\_\_

Electronic Funds Transfer (EFT)

Checking Account

Savings Account

Bank Name: \_\_\_\_\_

Location: \_\_\_\_\_

Routing # \_\_\_\_\_ Account # \_\_\_\_\_

**PLEASE INDICATE PAYMENT SCHEDULE**

**I/We would like to make contributions using the following payment schedule:**

Amount per transaction \$ _____	
Frequency:	
<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Semi-Monthly	<input type="checkbox"/> Annually
Beginning on _____ \ _____	
Month Year	
Please Check One: _____ 1 <sup>st</sup> of the month	_____ 15 <sup>th</sup> of the month

**Mail or Fax to: Resource Development Office of Global Ministries  
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Tel (317) 713-2555, Fax (317) 635-4323, e-mail [gifts@dom.disciples.org](mailto:gifts@dom.disciples.org)**

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