

AUTOMATED GIVING ENROLLMENT FORM

I hereby authorize Gospel Mission of South America to initiate debit entries, as indicated below, to my bank account each month.

Name:
Address:
City/State/ZIP:
Phone:
E-mail:

Please use my contribution(s) for the following GMSA missionaries or projects:

1.	\$	/mo
2.	\$	/mo
3.	\$	/mo
Total monthly deduction:		\$ /mo
Month & Year to begin EFT:		mm/yyyy

Make the monthly deduction from my:

- Checking Acct. (*enclose voided blank check*)
- Savings Acct. (*enclose savings deposit slip*)

Make the monthly deduction on the:

- 1st of the month
- 15th of the month

Signature: _____

Date: _____