



### Automatic Monthly Withdrawal Authorization Form

This Automatic Monthly Withdrawal Form is used for authorizing **Save The Nations** to withdraw donations directly from the donor's bank and/or credit/debit card account each month. **Please complete all three sections.** Donations are tax deductible as permitted by state and federal tax law.

#### SECTION 1: Designation of Gift

- Church donation \$ \_\_\_\_\_ (minimum of \$15.00 monthly)
- Dream Center donation \$ \_\_\_\_\_ (minimum of \$15.00 monthly)
- Area of Greatest Need  \$ \_\_\_\_\_ (minimum of \$15.00 monthly)
- Credentials Application/Renewal Fee  \$ \_\_\_\_\_ (please check level below)
  - Commissioned \$100 - \$10/monthly 1<sup>st</sup>  or 15<sup>th</sup>
  - Chaplain \$100 - \$10/monthly 1<sup>st</sup>  or 15<sup>th</sup>
  - Licensed \$150 - \$15/monthly 1<sup>st</sup>  or 15<sup>th</sup>
  - Ordained \$200 \$20/monthly 1<sup>st</sup>  or 15<sup>th</sup>

**Total Monthly Withdrawal** \$ \_\_\_\_\_ (minimum of \$15.00 monthly)

Does your employer have a Matching Gift Program? \_\_\_\_ Yes \_\_\_\_ No  
If Yes, please obtain and complete the appropriate matching-gift form from your employer and then mail to Save The Nations or see our Executive Pastor, Dr. Liz Rios.

#### SECTION 2: Authorization for Automatic Monthly Withdrawal/Charge

Start Date: (mm/yy) \_\_\_\_/\_\_\_\_ (withdrawals will be made on 1<sup>st</sup>  or 15<sup>th</sup>  each month)

\_\_\_\_ Bank Withdrawal **OR** \_\_\_\_ Credit Card \_\_\_\_ Debit

Type of account: \_\_\_\_ Checking \_\_\_\_ Savings Type of Card (Visa, M/C, Amex, etc.)

Bank Name: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Routing # (9 Digits): \_\_\_\_\_ Card No. \_\_\_\_\_

Account # (10 Digits): \_\_\_\_\_ Expiration Date: (mm/yy) \_\_\_\_/\_\_\_\_

Credit Card Authorization Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_



**If withdrawal is from your checking account, please attach copy of VOIDED check – see example on left**

#### SECTION 3: Personal Information

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**AUTHORIZATION AGREEMENT FOR AUTOMATED WITHDRAWALS:**  
I hereby authorize and request Save The Nations to make monthly withdrawals in the amount listed above by initiating debit entries to my account indicated on the voided check copy provided, and I authorize and request BANK to accept my debit entries initiated by Save The Nations to such account. It is understood that this agreement may be terminated by me at any time by written notification to Save The Nations . Any such notification to Save The Nations shall be effective only with respect to entries initiated by the Save The Nations after receipt of such notification and a reasonable opportunity to act on it.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return to:  
Save The Nations, Attn: Pastor Liz Rios**

P.O. BOX 551661 FT. LAUDERDALE, FL. 33355