

Missionary	Amount



Electronic Funds Transfer



Thank you for your consideration and support.

Gospel Fellowship Association, Suite 110
1809 Wade Hampton Blvd,
Greenville, SC 29609
(864) 609-5500
gfa@gfamissions.org

To initiate EFT, complete and return this form along with a voided check to GFA.

Authorization Agreement for Prearranged Payments (Debits)

Advantages:

For the donor:

- No checks to write
- No postage to pay
- No forgetting to send
- No worrying if gift will arrive on time
- Receipts are sent in June and December covering the previous six months

For the missionary:

- More consistent monthly support
- Easier planning

For GFA:

- Decreased personnel cost
- Decreased postage
- Decreased cost for printing and materials

For the Lord:

- Better stewardship of His material provision for world evangelism

I (we) hereby authorize Gospel Fellowship Association to initiate debit entries to my (our) Checking or Savings account indicated below and the depository named below, hereinafter called Depository, to debit the same to such account.

Please send a voided check or complete the bank information

below. Bank (Depository)

Name _____ Branch _____

City _____ State _____ Zip _____

Bank Transit/ ABA Number _____ Account Number _____

Debit date: on or after the 5th of the month on or after the 20th of the month

This authority is to remain in full force and effect until Depository has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Depository a reasonable opportunity to act on it. A customer has the right to stop payment of a debit entry by notification to Depository prior to charging account. If an erroneous debit entry is initiated by GFA to a customer's account, customer shall have the right to have the amount of such entry credited to such account by Depository, if, within 15 calendar days following the date on which Depository sent to customer a statement of account or a written notice pertaining to such entry or 46 days after posting whichever occurs first, the customer shall have sent to Depository a written notice identifying such entry, stating that such entry was in error and requesting Depository to credit the amount thereof to such account.

Name(s) _____ Date _____

Signature _____ Second signature if joint account _____

Donor Account # (located on donation receipt): _____

Address: _____

Phone: _____ E-mail: _____

Total to be debited: _____

Please indicate breakdown on the chart on the back.

We will notify you when the first withdrawal will be made. Please continue giving by check until then.