

Direct Debit
Authorization Form

**Authorization
Form
Instructions**

1. Complete the Authorization Form on the reverse side by indicating the amount and designation for your monthly contribution.

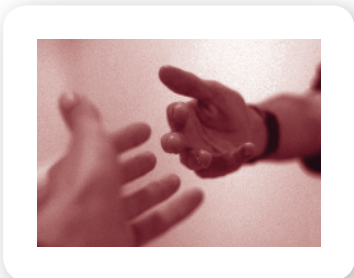
2. Send a blank check marked "Void" along with your form. The check will provide Missions Door with the necessary banking information. (U.S. Banks Only)

NOTE: If you are a current donor, your electronic deduction will not begin until next month. Please enclose a check for your current month's donation.

3. Mail the completed Authorization Form, your Voided Check and your current month's donation to:

Missions Door
2530 Washington Street
Denver, Colorado 80205-3142

Thank you for selecting the Direct Debit Option for your contribution.



Direct Debit
Authorization Form

I/we authorize Missions Door to arrange automatic deductions from my/our bank account. The contribution should be applied as follows:

Amount per Month	Missionary/Project Description
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____

(If more space is needed, please attach complete list.)

The total amount of my/our donation is \$ _____ per month.
Please begin the donation starting _____ (Month)

Please withdraw the funds on the: 10th 20th of the month.

Title: Mr. Mrs. Ms. Other _____

Name _____

Address _____

City _____

State/Zip _____

Phone _____

Email _____

Yes, I/we wish to receive news and information about Missions Door by email.

Please send my receipts via email instead of regular mail to the email address above.

Please show signature(s) below as required on your checks.

NOTE: Your account must have checking privileges.

Signature _____

Date _____

Signature _____

Date _____

Remember to include a Voided Check with your form.