

**DIRECT DEBIT/EFT**



**RECURRING MONTHLY GIFT**

## Authorization Form Instructions

1. Complete this authorization form by indicating the amount and designation for your monthly contribution.
2. Email the completed form to:  
finance@missionsdoor.org

or

Mail the completed form to:

### Missions Door

750 W Hampden Ave Ste 518  
Englewood, Colorado 80110-2198

NAME OF FINANCIAL INSTITUTION

TRANSIT/ROUTING NUMBER

ACCOUNT NUMBER

NAME OF ACCOUNT HOLDER

*Note that the routing number on deposit slips is often different from what is on checks. Please ONLY use the routing number found on the bottom of your check.*



- > Phone 303.308.1818
  - > Fax 303.295.9090
  - > Finance@MissionsDoor.org
- MissionsDoor.org**

I/we authorize Missions Door to arrange automatic deductions from my/our bank account. Please apply the contribution as follows:

<b>Amount per Month</b>	<b>Missionary/Project Name(s)</b>
\$ _____	_____
\$ _____	_____
\$ _____	_____

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

Total Donation Amount: \$ \_\_\_\_\_ per month

Donation Start Date: \_\_\_\_\_ (month)

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

DONOR NAME

ADDRESS

CITY

STATE

ZIP

PHONE

EMAIL

- Yes, I/we wish to receive news and information about Missions Door by email.
- I/we wish to receive receipts by email rather than direct mail. I/we wish to receive year-end statements only instead of individual receipts.

SIGNATURE

DATE