



ELECTRONIC FUNDS TRANSFER PAYMENT AUTHORIZATION FORM

DONOR INFORMATION

Last Name:* _____ First Name:* _____ Middle Name: _____

Street Address: _____

City: _____ State:* _____ Zip:* _____ Country:** _____

Email Address: _____ Phone #:* _____

DONATION INFORMATION

Please use my contribution(s) for the following Wycliffe missionaries or project funds:

A. _____ Monthly Gift Amount: \$ _____

B. _____ Monthly Gift Amount: \$ _____

C. _____ Monthly Gift Amount: \$ _____

Total monthly deduction will be: \$ _____

BANK INFORMATION

Bank name:* _____

Bank phone number:* _____

Bank routing number:* _____

Bank statement account number:* _____

PAYMENT OPTIONS

Please select one of the payment options below:

Monthly transfer from my **CHECKING ACCOUNT**. Please enclose a voided blank check.

Monthly transfer from my **SAVINGS ACCOUNT**. Please enclose a savings deposit slip.

Please select one of the transfer date options below:

I prefer the monthly transfer date of the:

10th 20th

**Required Information*

*** If you are submitting this form from a country other than the USA, we will only be able to help you if you are an American citizen. Please check with Wycliffe International (wycliffe.net) for a local contact or website for your country.*

AUTHORIZATION

I authorize Wycliffe Bible Translators to initiate the Electronic Funds Transfer as indicated on this form. This permission to charge my bank account is the same as if I had personally signed a check to Wycliffe Bible Translators.

This agreement will remain in effect until:

1. I write a note or call Wycliffe Bible Translators telling them to end this agreement and they have had a reasonable amount of time to act on it. OR
2. Wycliffe Bible Translators or my bank sends me 10 days' written notice that this agreement will end.

In the event of an error, I have the right to tell my bank to reverse any transfer. However, I must tell them in writing within 15 days of the bank statement or within 45 days after the transfer was made.

I understand and agree that my bank is responsible for the accurate and timely posting of my transferred gift(s). In the event of an amount or double posting error, I will handle this problem directly with Wycliffe Bible Translators.

I have read, understand and agree with the information on this form and have attached my voided blank check or savings deposit slip to this form.

Signature: _____ Date: _____

Thank you for your support of Wycliffe Bible Translators. Through your investments each month, you are helping give people worldwide the Bible in their own language.

Please print, complete and sign this form.
Mail this completed form and the required enclosures to:

Wycliffe Bible Translators
ATTN: EFT
P.O. Box 628200
Orlando, FL 32862-8200

For questions, please email: EFT_orlando@wycliffe.org
Phone: 1-800-992-5433, ext. 3696 or 407-852-3696

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