



# Interlink Ministries

P.O. Box 460, Apple Creek, OH 44606

(330) 698-5465 | donations@interlinkministries.org | www.interlinkministries.org

## RECURRING EFT AUTHORIZATION FOR DONORS

Please check if this is a revision to an original we have on file

### PERSONAL INFORMATION:

Name: \_\_\_\_\_  
(Your name as it appears on your bank account)

Address: \_\_\_\_\_  
\_\_\_\_\_  
(City, State, Zip) Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### FINANCIAL INSTITUTION INFORMATION:

Bank's Name: \_\_\_\_\_ Account: Checking  Savings

Account number: \_\_\_\_\_ Bank Routing number: I: \_\_\_\_\_ :I

### AUTHORIZATION:

I hereby authorize INTERLINK MINISTRIES, INC. to deduct from my bank account the amount of \$\_\_\_\_\_ monthly, for the following member or project:

Member or Project Name: \_\_\_\_\_

**DATE OF TRANSFER:** Starting \_\_\_\_\_ 20<sup>th</sup> (or the next business day). This authority is to remain in full force and effect until written notice from me has been received by INTERLINK MINISTRIES, INC. in such a manner as to afford reasonable time to act on it.

The supported member or project will be charged for any bank fees incurred as a result of non-sufficient funds or other related bank charges regarding this monthly support.

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

**PLEASE RETURN A VOIDED CHECK OR A COPY OF A VOIDED CHECK ALONG WITH THIS FORM**

In an attempt to save time, envelopes, and postage; we would like to ask if we could send you an end-of-the-year (EOY) statement only, and not the usual monthly statements. If you do not fill out the information below, you will **NOT** receive monthly statements. However, you will receive an EOY Statement by January 31<sup>st</sup> for your tax preparation.

I desire to receive my monthly statements as well as my EOY statement. Indicate yes here \_\_\_\_\_

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