

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS

Juna Amagara Ministries

ES6944

Envelope # (leave blank if not applicable)		Phone Number	E-mail Address
Last Name		First Name	
Address			
City		State	Zip

Date of first contribution: ____/____/____	Frequency of contribution: (check only one) <input type="checkbox"/> Semi-Monthly – 1 st and 15 th <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th <input type="checkbox"/> Quarterly – Debited on the 1 st of the month <input type="checkbox"/> Annually – Debited on the 1 st of the month	Church fund designations and amounts: <input type="checkbox"/> Child Sponsorship \$ _____ <input type="checkbox"/> Scholarship \$ _____ <input type="checkbox"/> Unrestricted \$ _____ Total \$ _____
Special Instructions:		

CHECKING / SAVINGS	Please debit my contribution from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below)	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____
	I authorize Juna Amagara Ministries and Vanco Services, LLC to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization. Authorized Signature: _____ Date: _____	

CREDIT CARD	Please charge my contribution to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card	
	Credit Card Number:	Expiration Date:
	Name on Card:	
	Billing Address (if different from above):	
	I authorize the Juna Amagara Ministries and Vanco Services, LLC to charge my credit card in accordance with the information above. Signature (as it appears on the credit card): _____ Date: _____	

Please staple voided check over credit card section above if using checking account.
 Please mail the completed form to: **Juna Amagara Ministries, P.O. Box 2384, Glen Ellyn, IL 60138-2384**
 Email to info@amagara.org or Fax to 630-858-9171.