

**AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS**

**Global Tribes Outreach, Inc.**

Telephone: 570-437-9020

**ES7356**

PO Box 130 Washingtonville, PA 17884

Email: [info@gtomail.org](mailto:info@gtomail.org)

Last Name		First Name	
Address			
City	State	Zip	

Please debit my donation from my (check one): <input type="checkbox"/> Checking Account (attach a voided check) <input type="checkbox"/> Savings Account (contact your financial institution for Routing #)	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i>
	Account Number: _____ 

<b>Date of first donation:</b> ____ / ____ / ____	<b>Frequency of donation:</b> (please check only one) <input type="checkbox"/> Semi-Monthly – 1 <sup>st</sup> and 15 <sup>th</sup> <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup> <input type="checkbox"/> Quarterly on the 1 <sup>st</sup>	<b>Fund designations and amounts:</b> <input type="checkbox"/> General Fund \$ _____ <input type="checkbox"/> Project Fund \$ _____ <input type="checkbox"/> Personnel Support \$ _____ <input type="checkbox"/> Compassion Home \$ _____ <input type="checkbox"/> IDP Fund \$ _____ <input type="checkbox"/> Foster Care/Chara Ministries \$ _____ <p align="right"><b>Total</b> \$ _____</p>
<b>Special Instructions or further details for fund designations:</b> _____		

**AGREEMENT**

I authorize the above organization 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: \_\_\_\_\_

*Please staple voided check here.*