

# JOIN CHRISTIAN AID'S AUTOMATIC GIVING PROGRAM

(Electronic Funds Transfer or "EFT")

**Have your gift deducted from your bank account each month, and put your mind at ease!**

You will no longer worry whether or not you mailed in your contribution; you will help eliminate credit card fees for the Mission; there are no concerns about lost, stolen or unsigned checks; and you are assured that your support reaches us.

## HOW DO I JOIN?

- Complete and sign the Authorization for Automatic Giving Program form on the reverse side of this document.
- **Enclose a VOIDED CHECK** with this Authorization to verify your bank account and routing numbers. (We must have this information in order to start your automatic giving.)
- Mail this Authorization and Voided Check to: **Christian Aid Mission, PO Box 9037, Charlottesville, VA 22906**  
The amount of your EFT and the particular faith promise(s) remains constant each month. Periodically you may want to increase your monthly support, or you may need to decrease it. As circumstances change, you may also add, delete, or change faith promises. You may do any of this and at any time simply by giving us a call at: **1-800-977-5650, by FAX 1-434-295-6814, or email: info@christianaid.org**



If you want to send in extra gifts in response to Prayerline needs, etc., please do so by mailing a separate check for those items.

## AUTHORIZATION FOR AUTOMATIC GIVING PROGRAM

I hereby authorize my bank to transfer \$ \_\_\_\_\_ from my account to Christian Aid Mission on either the (CHOOSE ONE)  5<sup>th</sup>  20<sup>th</sup> of each month in accordance with the Terms of Agreement.

I would like my gift to be used for the following code(s): \_\_\_\_\_

### Terms of Agreement

- This is an authorization to charge my bank account, the same as if I had personally signed a check payable to Christian Aid Mission. It will remain in effect until I notify Christian Aid telling them to end this agreement, and they have had a reasonable opportunity to act on it.
- A record of my contributions will appear on my bank statement. Christian Aid will send me a receipt each month for this transaction.
- In the event of an error, I have the right to tell my bank to reverse any transfer, or request Christian Aid to refund the full amount.
- I understand and agree that my bank is responsible for the accurate and timely posting of my transferred gifts. In the event of a disputed amount, I will contact Christian Aid directly for clarification.

\_\_\_\_\_  
(Name of Bank)

\_\_\_\_\_  
(Name – Please Print)

**I have enclosed a VOIDED CHECK to verify my bank account number and the bank's routing number.**

\_\_\_\_\_  
Signature