



EVANGELICAL FRIENDS MISSION

Recurring ACH Payment Authorization

You authorize regularly scheduled charges to your checking/savings account. You will be charged the amount indicated below each billing period. The charge will appear on your bank statement as an "ACH Debit." You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

I, _____ authorize Evangelical Friends Mission (EFM) to charge my bank account
(Full Name)
indicated below for \$ _____ on the [] 10th or [] 25th day (mark one) of each month, beginning
____/____/____.
(Date)

This payment is for the support of the following Missionary(ies)/Mission Field(s):

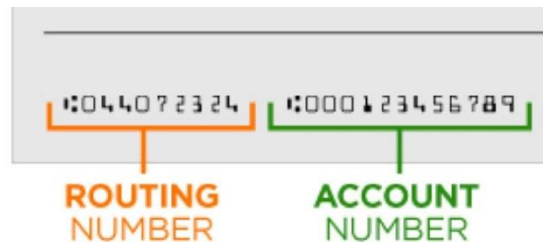
Five lines for listing missionary/mission field support with dollar signs.

Personal Information:

Address: _____ Phone: _____
City, State, Zip: _____ Email: _____

Checking Account Details (Please attach a voided check.):

Name(s) on Account: _____
Bank Name: _____
Account Number: _____
Routing Number: _____



I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify EFM in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that EFM may at its discretion attempt to process the charge again within 30 days and agree to an additional \$10.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____ DATE _____