



# Global Tribes Outreach

P.O. Box 60 \* Terre Hill, PA 17581-0060

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## AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

**\*\*If YOU PROVIDE US WITH YOUR E-MAIL ADDRESS, WE WILL E-MAIL THE RECEIPTS.  
ONCE A YEAR, WE WILL MAIL THE TOTAL DONATIONS SUMMARY TO YOU FOR TAX PURPOSES.**

<p>Please debit my donation from my (check one):</p> <p><input type="checkbox"/> Checking Account</p> <p><input type="checkbox"/> Savings Account</p>	<p>Routing Number: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b></p> <p>Account Number: _____  <small>           ⑆ 23456789 ⑆ 23 23456 ⑆ 000 ⑆            Routing Number      Account Number      Check Number         </small> </p>
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Please mark how often the donation should be withdrawn:

Semi-monthly (on the 1st and the 15th) \_\_\_\_\_ Monthly on the 1st \_\_\_\_\_ Monthly on the 15th \_\_\_\_\_

Quarterly on the 1st \_\_\_\_\_ Annually on the 1st of \_\_\_\_\_

Date of first donation: \_\_\_\_/\_\_\_\_/\_\_\_\_

Fund designations and amounts:

General Fund            \$ \_\_\_\_\_

Personnel Support      \$ \_\_\_\_\_

Child Sponsorship      \$ \_\_\_\_\_

Project Fund            \$ \_\_\_\_\_

IDP Fund                \$ \_\_\_\_\_

Special Instructions/ name of recipient for fund designations:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 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: \_\_\_\_\_