

GoodSeed USA

Electronic Funds Transfer

Automatic Monthly Donation Plan—Authorization Form

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: (____) _____ - _____ ext: _____

Email: _____

I wish to donate monthly to these accounts:

Where needed most Amount per month
\$ _____

Missionary Support:

_____ \$ _____
Missionary's Name

_____ \$ _____
Missionary's Name

_____ \$ _____
Missionary's Name

Projects and General Need:

Translation Project—Language: _____ \$ _____

GoodSeed Office Expenses \$ _____

Produce Visual Aids \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

Total Monthly Donation: \$ _____

TWO PAYMENT OPTIONS:

Bank Account

Bank Name: _____

Branch Address: _____

Bank Routing Number:

Your Account Number:

I've include a voided check or savings account deposit slip.

Credit Card

***You will receive a tax-receipt for the full amount, however a 2.5% credit card processing fee will be deducted from the funds applied to the missionary or project.*

Visa MasterCard

Card Number:
_____ - _____ - _____ - _____

Expiration Date: _____ / _____

Name on Card: _____

I authorize GoodSeed to withdraw the **Total Monthly Donation** amount from the specified financial institution. I understand that this authorization may be cancelled or changed at any time, and will continue until otherwise notified.

Please start withdrawal:

1st or 15th of _____ of _____
month year

Signature _____

Signature* _____

*If account requires two signatures on checks or withdrawals

GoodSeed USA • PO Box 2890 • Hayden ID 83835
Toll Free: (888) 654-7333 • Phone: (208) 665-2333 • Fax: (208) 665-5522