

**Electronic Fund Transfer Authorization**

I hereby authorize Liebenzell USA and the financial institution named below to charge my account on the 10th of each month, or the first business day thereafter, for the amount shown (this includes my authorization for Liebenzell USA to reverse any charges made in error). This authorization will remain in effect until I give written notice to cancel or change it. I understand that all changes of status to the agreement take three to six weeks to be processed. Liebenzell will issue me a receipt for tax purposes.

q Please begin as soon as I can be enrolled.

q Begin in the month of \_\_\_\_\_.

Please use my contribution (minimum \$5.00) for the following missionaries or projects:

_____	\$ _____
_____	\$ _____
Monthly Total \$ _____	

(Please attach a list if more space is needed.)

Information about my financial institution:

Bank Name \_\_\_\_\_ My Account Number \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

(Please attach a voided check in order to provide the Bank Routing Number - do not send a deposit slip.)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Signature (as required on checks issued against this account)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail to Liebenzell USA at address above. FORM 1203