

Many Gospelink sponsors have requested the opportunity to make their donations electronically through their bank (**Electronic Fund Transfer**). **This method of payment is now available.** If you desire to use this method, it should save valuable time both for you and Gospelink. This method should only be used for your **REGULAR monthly donations**. When you are enrolled in **EFT**, there is no longer a need to send in the voucher that usually accompanies your payments. If and when **ADDITIONAL** funds are donated, they should be sent by check or money order. The process is simple. **First**, complete the below form. **Second**, attach a voided check from the account from which you wish the monthly donations to be drawn. **Third**, mail both items into Gospelink.

**Electronic Fund Transfer Authorization Form**

GOSPELINK, INC • P.O. Box 211388 • Royal Palm Beach • Florida • 33421 • (561)204-1919

Name of your bank:	
Account number to be debited:	
Your bank's routing number: <i>(9-digit number found on lower left side of check)</i>	_____

Please <b>circle</b> one of the following for your deduction.	<b>15<sup>th</sup> of each month</b> <b>28<sup>th</sup> of each month</b>
Month Gospelink will start the EFT from bank account:	<b>Start Month</b> _____

**Please fill out all information that is applicable to your monthly contribution from the options below.**

If more space is needed, please record the additional information on the back of this form.

Preacher's Name	Preacher's Number	Sponsorship type <i>(m1, m2, m3, o1, t1)</i>	Donation Amount
			\$
			\$
			\$
			\$

**Additional options for financial support:**

Option	Donation Amount
Monthly Support for Gospelink Representative ( <b>Please specify</b> ):	\$
Monthly Support for Gospelink General Operations Fund:	\$
Monthly Missions gift for designated fund ( <b>Please specify</b> ):	\$
Other ( <b>Please specify</b> ):	\$
<b>TOTAL AMOUNT TO BE WITHDRAWN FROM BANK ACCOUNT EACH MONTH</b>	<b>\$</b>

*I/we hereby authorize National City Bank to initiate EFT debit entries (withdrawals) from my/our checking account for credit to Gospelink, Inc. This authority will remain in effect until I/we notify Gospelink, Inc. in writing otherwise. **I/we realize that any future changes to the information on this form or to the deduction amount must be received by Gospelink in writing 15 days prior to the monthly auto-withdrawal date in order to be implemented. I/we acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. law.***

Account Owner's Signature(s):	
Account Owner's Name: <i>(Please Print)</i>	
Account Owner's Signature(s):	
Account Owner's Name: <i>(Please Print)</i>	
Date this form was signed:	
Phone Number of Account Owner:	

**PLEASE DON'T FORGET TO INCLUDE YOUR VOIDED CHECK – WE CANNOT PROCESS THIS REQUEST WITHOUT IT!**