

DIRECTSUPPORT

Enrollment Form- Authorization Agreement for Automatic Withdrawal of Funds

1. General Information (Name and address must be exactly as it appears on your account.)

Mr. Mrs. Miss Last Name: _____ First Name: _____
 Ms. Rev. Dr. Name: _____ Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work/Cell Phone: _____

Primary Email: _____ Secondary Email: _____

Check appropriate box: New Enrollment Change in Support Amount Change in Account Information Cancel

2. Bank Account or Credit Card Information

Type of Account: Checking (attach a voided check) Savings (attach a savings deposit slip) Credit Card

Bank/Institution/Card Type: _____ Credit Card Expiration Date: _____

Bank Routing #: _____ (between |: and |:) Account or Credit Card #: _____

3. Support Designation

I would like to support...

- | | | | |
|--------------------------|--------------------------|---------------------------|------------|
| Missionaries | <input type="checkbox"/> | Coreano, Enrique/Chrissie | Amount: \$ |
| | <input type="checkbox"/> | Ferris, Tom/Karen | Amount: \$ |
| | <input type="checkbox"/> | Fry, Frank and Kay | Amount: \$ |
| | <input type="checkbox"/> | McLaughlin, Gary/Marilyn | Amount: \$ |
| | <input type="checkbox"/> | Moses, Billy/Debbie | Amount: \$ |
| | <input type="checkbox"/> | Rogan, Jenn | Amount: \$ |
| | <input type="checkbox"/> | Scott, Brandon/Jenny | Amount: \$ |
| | <input type="checkbox"/> | Scott, LJ/Ruth | Amount: \$ |
| | <input type="checkbox"/> | Shoemaker, Dan/Debbie | Amount: \$ |
| | <input type="checkbox"/> | Shoemaker, Herb/Shirley | Amount: \$ |
| <input type="checkbox"/> | Thompson, Rob/Becky | Amount: \$ | |

- | | | | |
|----------|--------------------------|---------------------------------|------------|
| Projects | <input type="checkbox"/> | Int'l Office (FL) Operations | Amount: \$ |
| | <input type="checkbox"/> | Haiti Operations | Amount: \$ |
| | <input type="checkbox"/> | Haiti Retreat Center (Zanglais) | Amount: \$ |
| | <input type="checkbox"/> | Hope for Kids | Amount: \$ |
| | <input type="checkbox"/> | Jamaica Operations | Amount: \$ |
| | <input type="checkbox"/> | Guatemala Operations | Amount: \$ |
| | <input type="checkbox"/> | Next Step or Vision 20/20 | Amount: \$ |
| | <input type="checkbox"/> | My Sister Church | Amount: \$ |
| | Name of SC: _____ | | |

4. Support Frequency

Please withdrawal my donation:

- Monthly on the 5th of the month
 Monthly on the 20th of the month
 Quarterly on the 5th of the month (Jan/Apr/July/Oct)
 Quarterly on the 20th of the month (Jan/Apr/July/Oct)
- Annually on _____ month 5th or 20th

Start Date*: _____

Stop Date**: _____

*If blank, your support will start on the next 5th or 20th of the calendar, as per your chosen frequency.

**Only put a stop date if you want your giving to terminate on a specific date, otherwise, this authorization will remain in effect until RMI has received written notice of its termination in such a manner as to afford RMI and Vanco Services reasonable opportunity to act upon it.

5. Sign and Date

I authorize Reciprocal Ministries International and Vanco Services, LLC to process monthly debit entries from my checking, savings, or credit card account as indicated above. I understand that this authorization will remain in effect until I have it canceled. If I wish to cancel my authorization or make changes to the above information, I promise to notify Reciprocal Ministries International within a reasonable length of time. I have attached a voided check or savings deposit slip.

Authorization Signature: _____

Date: _____

6. Attach Voided Check or Savings Deposit Slip

7. Fax or Mail to Reciprocal Ministries International



Reciprocal Ministries International
5475 Lee St., Suite # 301
Lehigh Acres, FL 33972
Vanco Client ID ES6934



Please attach voided check here.