

# INTERLINK MINISTRIES, INC.

P.O. Box 460, Apple Creek, OH 44606 – Phone 330-698-5465 – FAX 330-698-1910 – E-mail interlinkfamily@aol.com

Please check if this is a revision to an original we have on file \_\_\_\_\_

## AUTHORIZATION AGREEMENT FOR MONTHLY EFT DONATION BY BANK ACCOUNT (FOR DONOR)

### PERSONAL INFORMATION:

Your Name: \_\_\_\_\_  
(as it appears on your bank account)

Address: \_\_\_\_\_

\_\_\_\_\_ PHONE: \_\_\_\_\_

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

### FINANCIAL INSTITUTION INFORMATION:

Bank's Name: \_\_\_\_\_

Branch: \_\_\_\_\_

Account number: \_\_\_\_\_ Bank Routing number: \_\_\_\_\_

Bank's Address: \_\_\_\_\_

Bank's Phone No.: \_\_\_\_\_ Account is: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

### AUTHORIZATION:

I hereby authorize INTERLINK MINISTRIES, INC. to deduct from my bank account the amount of \$ \_\_\_\_\_ monthly, for the following missionary or ministry:

Missionary or Ministry Name: \_\_\_\_\_ Frederick & Marlies Henderson \_\_\_\_\_

DATE OF TRANSFER: Starting \_\_\_\_\_ 15<sup>th</sup> (or the next business day). I will be responsible for any bank charges incurred as a result of non-sufficient funds or other related charges. This authority is to remain in full force and effect until written notice from me has been received by INTERLINK MINISTRIES, INC. in such a manner as to afford reasonable time to act on it.

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

**PLEASE RETURN A VOIDED CHECK WITH THIS APPLICATION OR SEND A VOIDED CHECK COPY**

\* See following page

Dear Monthly Supporter,

In an attempt to save time, envelopes, and postage; we would like to ask if we could send you an end-of-the-year (EOY) statement only and not the usual monthly statements.

Please complete the information below **ONLY** if you desire to receive monthly statements: If you do not fill out the information below, you will **NOT** receive monthly statements. However, you will receive an EOY statement by January 31 for your tax preparation.

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I desire to receive my monthly statements as well as my EOY statement.

Indicate yes here \_\_\_\_\_

Your Name: \_\_\_\_\_

Return this letter (**ONLY** if you desire to receive monthly statements) along with your completed automatic EFT or credit card form.

Linking Together,  
Sharing Christ,  
Mike Dunlap  
Executive Director  
Interlink Ministries, Inc.