

Application for Electronic Funds Transfer

I give my bank permission to transfer the following amount from my personal account to pay Project AmaZon each month. I understand that I may cancel or change this arrangement at any time by notifying Project AmaZon in writing.

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____

Please use my contribution(s) for the following
Project AmaZon missionaries or project funds:

_____ \$ _____

_____ \$ _____

Total monthly deduction will be \$ _____

Please send receipts monthly or annually

Bank name _____

Bank phone number _____

Bank statement account number _____

Make the monthly deduction from my

Checking account (enclose a voided blank check)

Savings account (enclose a savings deposit slip)

Please make my transfer on the 25th starting in the
month of _____ Year _____

Signature _____ Date _____

Mail this form to: Project AmaZon, PO Box 3253, Peoria IL 61612