

# electronic donation option now available

■ Electronic donation is a direct debit program whereby your donation is debited automatically from your checking or savings account.

■ You can consistently support Evangel Home without having to write a single check.

■ You pick the deduction date and then record in your check register on the appropriate date. All electronic transfers will be itemized on your bank statement.

■ You can notify us at any time regarding any changes in your account, deduction amount or desire to cancel.

■ This program costs you nothing, but if you would like to help Evangel Home cover administrative costs, keep in mind it costs us \$0.25 per transaction.

Questions: 264-4714

To enroll, complete and sign the authorization form below and return it along with a voided check or savings deposit slip and mail to: Evangel Home • 137 N. Yosemite • Fresno, CA 93701

Evangel Home, Inc.

ES6886

## AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS

Donor #: \_\_\_\_\_  
(leave blank if not applicable)

Name on Account (please print) \_\_\_\_\_

Address \_\_\_\_\_

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

Please debit my ongoing donation from my (check one):

- Checking Account – *attach a voided check over the Q & A section above*
- Savings Account – *contact your financial institution for the appropriate Routing Number*

Routing Number: \_\_\_\_\_  
*Valid Routing # must start with 0, 1, 2, or 3*

Account Number: \_\_\_\_\_

⑆ 23456789⑆ 23 23456⑆ 000⑆  
 Routing Number      Account Number      Check Number

**Donation Information** (Please indicate your donation amount and frequency):

- \$ \_\_\_\_\_
- Weekly - Debited on Mondays
- Semimonthly - Debited on the 1<sup>st</sup> and the 15<sup>th</sup>
- Monthly - Debited on the 1<sup>st</sup> or the 15<sup>th</sup> (please circle one)

Please make my ongoing donation effective \_\_\_\_\_ (date of first donation).  
mm/yy

I authorize Evangel Home, Inc. and Vanco Services, LLC to process monthly debit entries from my account according to the donation information above. I understand that this authorization will remain in effect until I provide reasonable notification of its termination. I also understand that there will be a \$5.00 fee automatically charged to my account for each transaction returned due to insufficient funds (NSF).

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

