

# ARM Ministries

## Electronic Funds Transfer Authorization Form

PO Box 446, Dundee OR 97115 – 806-370-5600– [www.armministries.com](http://www.armministries.com)

I authorize ARM Ministries to automatically debit my account on a monthly basis as indicated below. I understand I am in full control of my donations. Anytime I wish to make changes I will contact ARM Ministries.

### Personal Information

First Name  Last Name

Address

City  State  Zip Code

Phone Number

Email Address

### Donation Information

Dollar Amount to Withdrawal Each Month

Preferred Day of Each Month to Withdrawal

Missionary or Project to Support

### Signature

Today's Date  Signature

### Voided Check

Make sure you sign this form and enclose a **voided or cancelled check** so we can get the necessary bank information.

