



Authorization Agreement for Monthly Direct Payments

Make monthly gift payments without having to write a check each time!

To enroll in the electronic funds transfer program, complete this form, sign it, and mail it as directed at the bottom.
For more information, call FMS at 202-832-1762.

Name(s) _____

I/we hereby authorize Franciscan Mission Service to initiate debit entries to my/our bank account indicated below at the financial institution named below to debit same such account.

Financial Institution Name _____

Branch _____ Branch Phone Number _____

City _____ State _____ Zip _____

Account Number _____ Checking Account Savings Account

Each month, please debit my account on the 1st or 15th of the month beginning _____.

Total amount to be debited monthly: \$ _____

For gift recognition purposes, please list my/our name(s) as follows:

I/we would like to designate this in memory of, in honor, in celebration of:

This authorization is to remain in full force and effect until FMS has received **written notification** from me (or either of us) of its termination **at least 10 business days** prior to when the funds would be transferred.

Print Name _____ Signature _____ Date _____

Print Name _____ Signature _____ Date _____

Address _____ City _____

State _____ Zip _____ Email _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

ATTACH A VOIDED CHECK OR DEPOSIT SLIP DISPLAYING THE ROUTING NUMBER.

Return form to: Franciscan Mission Service, PO Box 29034, Washington, DC 20017