

Open Door Mission Electronic Funds Transfer Authorization Form

Yes, I would like to participate in the Open Door Mission's monthly pledge program and help make a difference all year round for needy people in my community.

- 1.) I give my authorization for Open Door Mission to transfer funds from my checking account each month to help the hungry and homeless.

Name on Account: _____
Bank Name: _____
Checking Account Number: _____
Bank ABA: _____

- 2.) I give my authorization for Open Door Mission to transfer funds from my savings account each month to help the hungry and homeless.

Name on Account: _____
Bank Name: _____
Savings Account Number: _____
Bank ABA: _____

- 3.) I give my authorization for Open Door Mission to transfer funds from my debit /major credit card account each month to help the hungry and homeless.

Name on Account: _____
Card Name: _____
Account Number: _____
Bank ABA: _____
Expiration Date: _____

Please deduct a monthly donation in the amount of \$_____ on the (Check One) ____¹st
____¹⁵th day of each month effective as of _____, 200__.

Please note that if either day should fall on weekend, your account will be debited on the next first business day.

Print Name

Signature

Date

(Remember to enclose a voided check if choosing EFT from your checking account)

Please return this completed form to:
Open Door Mission, Inc.
P.O. Box 14236
Rochester, New York 14614-0236