

New Tribes Mission
1000 E. 1st Street
Sanford, FL 32771

EFT - Electronic Funds Transfer

EFT is a method of supporting New Tribes Missionaries through a monthly debit done electronically from the donor's checking or savings account. It is appropriate for donors who give the same amount each month to the same missionaries or mission projects.

Advantages to the Donor: It is safer, cheaper and more convenient than sending monthly checks. Checks can get lost or stolen in the mail which can lead to identity theft. There is no cost for checks and stamps. Once established, the process is automatic and requires no further time and effort from the donor. The donation is taken care of, even if the donor is traveling or on vacation.

Advantages to the Missionary: Donations are received timely and reliably.

Advantages to the Mission: Donations can be processed faster with less expense and fewer personnel. There is less chance of error when processing the contribution.

It is easy to do: Just complete the Authorization Agreement and return it with a voided check or your next donation. If it is received before the 3rd or 15th of the month, it can begin that month. The monthly debit can only be done on the 3rd or 15th of each month. It could occur a few days later if there is a weekend or bank holiday involved or if your bank is slow in debiting your account. However, it will not occur prior to those dates. You will receive a receipt each month and the debit will appear on your bank statement. Donations can be stopped or changed easily with a note or by e-mail. The system is very safe. In the unlikely event that an error occurs, it will be promptly corrected.

Thank you for considering this safe, convenient and cost effective method of supporting your missionaries. If you have any questions, please don't hesitate to contact this office.

Larry Bright
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Authorization Agreement for Automatic Debits of Donations

I/We hereby authorize New Tribes Mission in Sanford, Florida, to initiate a monthly debit entry in the amount of \$ _____ to the account at the financial institution named below, and authorize the institution to debit the below named account for the same. This authorization is to remain in full force and effect until I/we notify New Tribes Mission in writing to terminate the deduction.

NAME OF DONOR(S) _____

ADDRESS _____ **DONOR # (if known)** _____
_____ **ZIP CODE** _____

FINANCIAL INSTITUTION _____ **BRANCH** _____

ROUTING # _____ **ACCOUNT #** _____

(Circle one) Checking Savings YOUR DAYTIME TELEPHONE # _____

Please designate the monthly donation to the following missionaries or projects:

NAME Keith & Jacqueline Stanton \$ _____ ACCT. NO. _____

(If known)

NAME _____ \$ _____ ACCT. NO. _____

NAME _____ \$ _____ ACCT. NO. _____

NAME _____ \$ _____ ACCT. NO. _____

NAME _____ \$ _____ ACCT. NO. _____

NAME _____ \$ _____ ACCT. NO. _____

ON WHAT DAY DO YOU WANT THE MONTHLY DEBIT TO OCCUR? (Circle one) 3rd or 15th

IN WHAT MONTH DO YOU WANT THE MONTHLY DEBIT TO BEGIN? _____

SIGNATURE _____ **DATE** _____

****SIGNATURE** _____ **DATE** _____

**Two signatures are required if the account requires two signatures on checks or withdrawals.

IMPORTANT! PLEASE ENCLOSE A VOIDED CHECK OR, IN THE CASE OF A SAVINGS ACCOUNT, A DEPOSIT SLIP. THANK YOU!