Gospel Fellowship Association
1809 Wade Hampton Blvd, Ste 110
Greenville, SC 29609
(864) 609-5500
gfa@gfamissions.org

| Missionary/Ministry | Monthly Amount |
|---|---|
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| | |
| Monthly Total: | |

# Authorization Agreement for ACH Transfer

**Complete and return this form along with a voided check.**

I (we) hereby authorize Gospel Fellowship Association to initiate debit entries to my (our) Checking ❒ or Savings ❒ account indicated below and the bank named below to debit the same to such account.

Bank: _____ Branch: _____

City: _____ State: _____ Zip: _____

Bank Transit/
ABA Number: _____ Account
Number: _____

Transfer on or after : ❒ **5**th OR ❒ **20**th Month to begin transfer: _____

This authority is to remain in full force and effective until GFA or the Bank has received written notification from me (or either of us) of its termination in such time to afford GFA or the Bank a reasonable opportunity to act on it. A customer has the right to stop payment of a debit entry by notification to the Bank prior to charging the account. If an erroneous debit entry is initiated by GFA, a customer has the right to have the amount of such entry credited back to their bank account.

Donor Number (located on donation receipt): _____ Date: _____

Name(s): _____

Signature: _____

Second signature if joint account: _____

Address: _____

_____

Phone: _____ E-mail: _____

Thank you for your support to the Lord's work!

We will notify you when the first withdrawal will be made.
Please continue giving by check until then