MISSION CHURCHES INTERNATIONAL, INC. AUTHORIZATION FOR AUTOMATIC BANK TRANSFER

My Name	Name 2 (if joint account)	
Phone #	Email:	
Street Address, city, zip:		
Terms		
account according to the terms outlined below	Inc. (MCII) to initiate an electronic debit agains. I acknowledge that the origination of ACI must comply with the provisioning of United	H (Automated
Please designate my gift this way:		
Missionary Name:	Amount of monthly gift:	\$
 ACH transactions will be conducted on th All contributions are tax-deductible. 	e 15 st of each month.	
Bank Information Bank Account Type: □ Checking □ Sa □ I have provided a voided check. (If a void not necessary to complete the following four	ed check is provided for Checking account tr	ansactions, it is
Name on Account:	SAMPLE CHECK	0101 DATE
Name of Bank:	PAY TO THE ORDER OF	\$
Bank Routing Number:	MEMO	7891 0101
Account Number:	Routing Account Number Number	
Authorization		
of a change or cancellation by sending writte	action is to remain in full force and effect unti- en notice to 1725 Faulders Lane, Wichita, KS CII and the receiving financial institution a rea	67218 in such
Signature	Signature 2 (if joint account)	Date
Printed Name(s)		

Return completed form with signature(s) to: MCII, 1725 Faulders Lane, Wichita, KS 67218. To contact MCII, call 620-894-0343 or email ray@mcii.org