



P.O. Box 488, Rockwall, TX 75087
214-202-9222 www.biblicallife.org

AUTOMATIC CONTRIBUTION FORM

Donor Information:

Name _____

Phone # _____

Address: _____

City _____ State _____ Zip _____

E-mail Address _____

Banking Information: *(Please attach voided check or savings deposit slip.)*

Account Holder's Bank name _____

Branch City _____ State _____ Zip _____

Check one: Business Checking Personal Checking Savings

Bank Routing Number (9 digits) _____

Bank Account Number _____

Transaction Information:

Monthly Contribution: Beginning _____ / _____ (month/year) on the 1st/15th (circle one) day of the month, apply a total of \$ _____ toward the following missionaries or projects:

<u>Missionary/Project Name/Number</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____

Please continue through _____ / _____ (month/year) or _____ leave open-ended.

I hereby authorize Biblical Life Ministries, P.O. Box 488, Rockwall, TX 75087, USA, to electronically draft via the Automated Clearing House system the amounts indicated above from the account identified above. This authorization shall remain in effect until I notify Biblical Life Ministries in writing that I wish to terminate the agreement, which I may do at any time. I certify that I am authorized to execute this form. I acknowledge I am subject to a \$25 reject fee if items are returned for insufficient funds.

Name/Title _____

Signature _____ Date _____

Note: For Credit Card transactions you must use our online donation system.