



Accelerating the Global Advance of the Gospel

EFT (Electronic Funds Transfer) Enrollment Form

Name: _____ Email: _____

Address: _____

_____ Cell number _____

(Please fill in all the blanks. Thanks.)

My monthly donation is \$ _____ and designated to:

Name of global staff member: _____

Name of GLINTS global partner: _____

The GLINTS global ministry fund: _____ (check here to designate)

I/We would like the monthly bank account transfer done on this date each month:

- 5th of the month 20th of the month

(All donations to GLINTS originating as EFT transactions comply with US laws.)

Mail this form with either a voided check or your next donation check to GLINTS, PO Box 962, Wheaton IL 60187. By email, scan the completed form with a voided check and email to erikkam@glints.org.

Terms of Agreement

My authorization to charge my checking account in the amount indicated above shall be the same as if I had personally signed a check to GLINTS. This authorization shall remain in effect until I notify GLINTS that I wish to modify or end this agreement, which I may do at any time. If, at any time, I wish to increase, decrease or suspend my giving, I can contact GLINTS at 630-765-5501. A record of my payment will be included in my regular bank statement. I will also receive a receipt from GLINTS for tax purposes.

Signature

Date