



*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 designated to:

Name of global staff member: \_\_\_\_\_  
and/or

Name of GLINTS global partner: \_\_\_\_\_ and/or

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 and signed/dated form with a voided check and email to [donations@glints.org](mailto:donations@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 630-715-0734. 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