



## Electronic Funds Transfer Authorization Form

Some of our ministry partners select to set up their monthly support pledge so that it happens automatically as a debit from their checking account. This selection – and filling out of the form – is completely optional.

The electronic funds transfer (EFT) system requires a one-time set up, in which you choose the amount you want to support Amiela each month. From the initial set up this amount will be automatically deposited into Amiela's account until you authorize a change in writing.

EFT is an electronic check that your banking institution “writes” to Amiela. These electronic checks eliminate the need for an Amiela volunteer or staffer to process a paper check and are safer to use than paper as they are easier to track upon deposit. They are also less expensive to process than paper checks, or credit cards. These electronic checks show up on your bank statements as “ACH Debit.”

The benefits of this system for your household and Amiela:

- A safe and secure way to support missionaries
- It's convenient (saving you time and postage)
- Easily monitored
- Allows for regular and consistent giving (even if you are out of town)
- Allows for Amiela's missionaries to plan their ministry budget based on consistent monthly support

We hope that many of you will elect to use this system. If you have any questions please feel free to contact [support@amiela.org](mailto:support@amiela.org).

Fill out the form on the next page if you wish to use EFT payments. You can mail your completed and signed form, along with a voided check, to:

Amiela  
Attn. Russ Collins, Treasurer  
P. O. Box 775  
Grapevine, TX 76099



# Electronic Funds Transfer Authorization Form

**Please complete the information below:**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

I prefer this donation to be used for: \_\_\_\_\_

I \_\_\_\_\_ authorize Amiela, Inc. to charge my bank account indicated below  
(full name)

\$ \_\_\_\_\_ on the \_\_\_\_\_ of each month as my donation to Amiela's ministry.  
(amount of monthly support) (day or date)

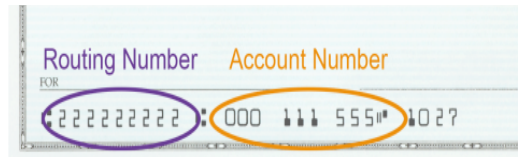
Billing Address \_\_\_\_\_

Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Account Type:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Name on Acct	_____	
Bank Name	_____	
Account Number	_____	
Bank Routing #	_____	
Bank City/State	_____	



--Please attach a voided check --

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Amiela, Inc. in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next giving date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Amiela, Inc. may at its discretion attempt to process the charge again within 30 days. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring giving with my bank so long as the transactions correspond to the terms indicated in this authorization form.

All contributions to Amiela are made with the understanding that Amiela has complete discretion and control over the use of all donated funds, so that the funds are used to carry out Amiela's tax-exempt purposes and functions.