E-mail: Receipting-USA@FIAintl.org
www.FIAintl.org

PO Box 323
Elizabethtown PA 17022
T: 717-546-0208
F: 717-546-0214

Application for Electronic Funds Transfer

I (we) hereby authorize FRIENDS In Action International to initiate entries to the account indicated below. I also authorize the named depository to debit the same to such account. I agree this authorization will remain in effect until you receive written notification from me (or either of us) of its termination.

Name(s) _____ Address _____

City _____ State _____ Zip _____

Make the monthly deduction from my: Checking ☐ Savings ☐

New EFT ☐ Changes in EFT ☐

Checking Account # _____ Your phone # _____
(Enclose a voided, blank check.)

Savings Account # _____ Bank Phone # _____
(Enclose a savings deposit slip.)

Start Date (month) _____ **We typicaly process the transfers around the middle of the month.**

Please direct my (our) contributions to the following FRIENDS missionaries, projects, and/or where needed most.

	Account Number	Account Description	Amount
A:			$
B:			$
C:			$
D:			$
E:			$
F:			$
		Total monthly donation will be:	**$**

Comments/Notes _____

_____

_____

Signature(s) _____ Date _____

If you have any questions please contact Jan Johnston. 717-546-0208 Ext.305