

**Direct Debit**  
Authorization Form

**Authorization  
Form  
Instructions**

**1.** Complete the Authorization Form on the reverse side by indicating the amount and designation for your monthly contribution.

**2.** Send a blank check marked "Void" along with your form. The check will provide Missions Door with the necessary banking information. (U.S. Banks Only)

NOTE: If you are a current donor, your electronic deduction will not begin until next month. Please enclose a check for your current month's donation.

**3.** Mail the completed Authorization Form, your Voided Check and your current month's donation to:

Missions Door  
2530 Washington Street  
Denver, Colorado 80205-3142

Thank you for selecting the Direct Debit Option for your contribution.



**Direct Debit**  
Authorization Form

I/we authorize Missions Door to arrange automatic deductions from my/our bank account. The contribution should be applied as follows:

Amount per Month	Missionary/Project Description
\$ _____	Duane Mansveld _____
\$ _____	_____
\$ _____	_____
\$ _____	_____

(If more space is needed, please attach complete list.)

The total amount of my/our donation is \$ \_\_\_\_\_ per month.  
Please begin the donation starting \_\_\_\_\_(Month)

Please withdraw the funds on the:  10th  20th of the month.

Title:  Mr.  Mrs.  Ms.  Other \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Yes, I/we wish to receive news and information about Missions Door by email.

Please show signature(s) below as required on your checks.

NOTE: Your account must have checking privileges.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Remember to include a Voided Check with your form.