

Helping missionaries focus on the mission field

Authorization of Automatic Draft

To enroll in automatic bank draft, please fill out the information below. Submit to MSS via one of the following:

- 1. Scan and email to draft@missionary-support-services.org
- 2. Fax to 206-337-2687
- 3. Mail to MSS, 3703 Bentley Pl, Waxhaw, NC 28173.

Customer Information: Name:	
Street Address:	
City:	
State: Zip Code:	Email:
Phone #:	Phone type (Circle One): Home Mobile Work
Bank Information:	
Type of Account (Circle One): Checking Savings	
Name on Account:	
Name of Bank:	
Bank Routing/Transit:	
Bank Account #:	
Missionary/agency name to which payments should be	pe applied:62 - Life Center
Amount of donation for each draft: \$	
Debit my account (Check one):	
Monthly: On the 1^{st} On the 5^{th} On t	he 15 th On the 20 th
Other/Ad-hoc; please provide details:	
Date of 1 st Donation:	·
above. As a convenience to me, I hereby request and charge to my bank account payable to the order of M the same as if it were a check drawn on my bank account institution to reduce the balance of my bank account in effect until I revoke it in writing at least 20 business.	that I am an authorized user of the bank account provided authorize Missionary Support Services, Inc. [MSS], to initiate the SS. I agree that MSS' rights in respect to each bank draft shall be bunt and signed by me personally. I also authorize the financial by the amount of the bank draft. This authorization will remain a days prior to the date the account is scheduled to be charged. I with or without cause and whether intentionally or inadvertently, and account's records):
Signature:	Date: