

Electronic Funds Transfer Authorization Form

GOSPELINK, INC

P.O. Box 211388

Royal Palm Beach, FL 33421

Office (561)204-1919

I/we hereby authorize Fidelity Federal Savings Bank to initiate EFT debit entries (withdrawals) from my/our checking account for credit to Gospelink, Inc. This authority will remain in effect until I/we notify Gospelink, Inc. in writing otherwise. I/we acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. law.

Name of Your Bank: _____

The account number to be debited: # _____

Your Bank's Routing/Transit Number: _____
(9-digit number found on lower left side of check)

Please fill out all information that is applicable to your monthly contribution from the options below. If more space is needed, please record the additional information on the back of this form.

1. Preacher Names, #'s & Type :(m1, m2, o1, t1) VERY IMPORTANT!

Name _____ # & Type _____

Name _____ # & Type _____

Name _____ # & Type _____

Name _____ # & Type _____

2. Monthly support for Gospelink Representative: Enter their name _____

3. Monthly Missions Gift & or designated fund: _____

4. Other (please Specify): _____

5. Other (please Specify): _____

Total Amount of monthly deduction to be withdrawn: \$ _____

Account Owner's Signature(s): _____

Account Owner's Name(s): _____
(Please Print)

(Please Print)

Date first monthly payment is to be debited from your account: _____

Please choose one of the following for your deduction: 15th of each month 28th of each month

Date this form was signed: _____

Your Home, Cell or Business Phone Numbers: _____

PLEASE INCLUDE A VOIDED CHECK! We can not process this form without a voided check.

Please use this form only if you are giving the same monthly dollar amount listed above every month. Any future changes to this form or to the deduction amounts must be received in writing by Gospelink 15 days prior to your monthly auto-withdrawal date in order to be implemented.