

Dear Friend(s),

Thank you so much for your support of Evangelical Friends Mission. We appreciate you and trust the Lord will fill you with joy as you give.

Thank you for requesting to have your monthly donation to Evangelical Friends Mission automatically deducted from your checking or savings account. Please fill out the enclosed form and return it to me as soon as possible. Funds are deducted on the 10<sup>th</sup> of each month, so if the 10<sup>th</sup> falls on a weekend they will be deducted the following Monday. If I receive your authorized form and voided check before the first of the month I will be able to process your automatic withdrawal on the 10<sup>th</sup>, otherwise it will be processed the following month.

Please include a voided check from the account that will be used for your automatic donation.

If you have any questions please do not hesitate to call me at our toll free number, 1-888-421-8102 or e-mail me at [Vicki@friendsmission.com](mailto:Vicki@friendsmission.com).

Again, thank you for being such a vital part of Evangelical Friends Mission.

Joyfully in Him,

Vicki Hinshaw  
Executive Assistant

**Evangelical Friends Mission**  
**P.O. Box 525**  
**Arvada, CO 80001**  
**303-421-8100**

Authorization Agreement for Automated Debits (ACH Debits)  
First National Bank of Arvada  
7530 Grandview Avenue  
Arvada, CO 80002  
Sabrena: 303-345-2520

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

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

I (we) hereby authorize First National Bank of Arvada, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account listed below.

This authority is to remain in full force and effect from date above until EFM has received written notification from me (or either of us) of its termination in such time and in such manner as to afford EFM and First National Bank of Arvada a reasonable opportunity to act on it.

\_\_\_\_\_  
Total Amount

\_\_\_\_\_  
Signature

Designation and Amount:  
General EFM, Missionary(ies),  
Or Field(s) you wish to support.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_  
Spouse Signature

From my checking account

From my savings account

**Please include a voided check with this form.**