

Application for Automatic ACH Donation

Authorization for Monthly Direct Payment to MVI from Donor's Bank Account

I (we) hereby authorize Missionary Ventures International, Inc. to initiate debit entries to my (our) account and financial institution listed below.

Financial Institution	Branch
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Routing # (see sample below)	Account Number (see sample below)
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Type of Account: _____ Checking _____ Savings Date Each Month to Debit Account: ___ 5th ___ 10th ___ 25th

Donation Amount: \$ _____ Date to Begin Donations: ___/___/___

I (we) understand that should the regularly scheduled debit date fall on a weekend or Federal holiday, the debit shall occur on the following banking date.

This authority shall remain in effect until Missionary Ventures International Inc. has received written notification from me (us) of its termination in such a time and in such a manner as to afford Missionary Ventures International, Inc a reasonable opportunity to act on it.

Signature	Printed Name	Date Signed
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Address	City/State	Zip
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Phone	FAX (optional)	Email Address (optional)
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*******Please attach a voided check or financial institution account verification letter to this form*******

Please apply my donation as follows:

- Where Most Needed \$ _____
- Pastor Sponsorship \$ _____
- Children's Ministries \$ _____
- Medical Missions \$ _____
- Missionary Support \$ _____ for Robert & Lorita Melton

Other (please specify) \$ _____

Missionary Ventures International, Inc.
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