Electronic Funds Transfer Form

Use this form to arrange automatic monthly donations from your credit/checking account towards the work of Partners Relief & Development:

Name:_____ Address:_____

City/State:_____ Zip:_____

Phone:__(_____)_____ E-mail_____

Payment Options:

CHECKING *Note: For checking account authorization, attach a voided check.

I, _____ authorize my bank to make my donation by direct debit to the checking account shown below on the attached, cancelled check and post it to my account.

Bank Name:_____

Address:_____

City/State/Zip:_____

CREDIT CARD ( ) MASTERCARD ( ) VISA

ACCOUNT #: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

EXPIRATION DATE:_____ / _____

I would like to specifically donate towards:

Where Needed Most	Total Contribution Per Month $_____
Special Project: (please write project name)	Total Contribution Per Month $_____
Staff Member: (please write staff member's name)	Total Contribution Per Month $_____

☐ If this is a one time donation please check here.

I understand that I am in full control of my payment, and if at any time I decide to make any changes or discontinue the EFT service, I will call or write Partners. Change of payment method will not affect other provisions and terms of my contract. I also understand that the EFT is scheduled on the 20th day of the month.

Signature: _____Date:_____

PLEASE ATTACH VOIDED CHECK—staple here.

Partners Relief & Development , PO Box 27220, Albuquerque, NM, 87125
Tel: 505-248-9842 email: info@partnersworld.org wwwpartnesworld.org