



Authorization Agreement for Automatic Debits of Donations

Note: No need to print this form and mail it. You can email it if you prefer.

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ ☐ Checking | ☐ Savings

Which missionary or project would you like to give to? You can give to more than one.

Missionary or Project Name(s)	Amount	Frequency
Frank Ruscio	\$	Monthly

Would you like to also give to FinisTerre's organizational needs?	Amount	Frequency
<input type="radio"/> Yes <input type="radio"/> No	\$	Monthly

Do you have any special instructions for us relating to this donation?

Do you want this donation to come out on the 1st, 8th, 15th or 22nd of the month?

Donor Contact Information

Donor's First and Last name, or Organization Name:

Full Address:

Email Address for receipts:

Phone number:

Signature of donor: _____ Date: _____

Title of signer: _____

By signing this form, you authorize FinisTerre located in Gilbert, Arizona, to initiate a monthly debit from the account listed on this form. This authorization is to remain in full force and effect until you notify FinisTerre in writing to terminate the reoccurring donation. You can mail the form to FinisTerre, PO Box 3752, Gilbert, AZ 85299; or email it to bookkeeper@finisterremission.org.