



EFT Authorization Form

I hereby authorize Vernacular Video Mission International to initiate debit entries from my account at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error.

FINANCIAL INSTITUTION CITY STATE

TRANSIT / ROUTING NUMBER ACCOUNT NUMBER

Checking **Savings**

I hereby authorize Vernacular Video Mission International to debit my account in the amount of \$ _____
I wish to designate my donation to the ministry account of: _____.

I request the donation recurrence as checked below:

One Time

Monthly 10th of each month

Monthly 25th of each month

This authority is to remain in full force & effect until TEACHING TRUTH INTERNATIONAL has received written notification from me of its termination, in such time and in such manner as to afford TEACHING TRUTH INTERNATIONAL a reasonable opportunity to act on it.

How would you prefer to receive donation receipts? **Email** **Mail**

NAME (Print)

ADDRESS CITY ST ZIP

PHONE NUMBER

SIGNATURE DATE