



GLOBAL MINISTRIES CHILD SPONSORSHIP
RECURRING ELECTRONIC PAYMENT ENROLLMENT

It is my/our desire to enroll in an automatic payment program to support my sponsored child.

PLEASE PRINT

NAME(S) _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE + 4 _____

TELEPHONE _____ EMAIL _____

SPONSORSHIP NUMBER _____ CHILD'S ACCOUNT NUMBER _____

1. PLEASE AUTHORIZE AND SELECT A PAYMENT PLAN

Authorization agreement for Electronic Funds Transfer or Credit Card transactions —
I/We understand that authorization of Electronic Funds Transfers/Credit Card transactions remains in effect according to the installment terms defined unless discontinued upon receipt of a 30-day advance written notification from me/us.

SIGNATURE DATE

ELECTRONIC FUNDS TRANSFER FROM CHECKING OR SAVINGS ACCOUNT

CHECKING BEGINNING MONTH/YEAR _____ AMOUNT \$ _____ *per transaction*
 SAVINGS
 BANK NAME _____ LOCATION _____
 ROUTING # _____ ACCOUNT # _____
 SIGNATURE _____

CREDIT CARD PAYMENTS

VISA MASTERCARD ONE TIME DONATION (SPECIAL GIFT)
 BEGINNING MONTH/YEAR _____ AMOUNT \$ _____ *per transaction*
 CREDIT CARD #
 CARDHOLDER'S NAME _____ EXPIRATION DATE ON CARD ____/____
 CARDHOLDER'S SIGNATURE _____

2. PLEASE SELECT A PAYMENT SCHEDULE

CHECK ONE ► MONTHLY QUARTERLY SEMI-ANNUALLY ANNUALLY
 CHECK ONE ► 1ST OF THE MONTH 15TH OF THE MONTH
 CHECK ONE ► I/WE WOULD LIKE RECEIPTS I/WE DO NOT NEED RECEIPTS

OFFICE USE ONLY	_____ CONSTITUENT'S ACCOUNT NAME	_____ CONSTITUENT'S ID #
	_____ CHILD'S ACCOUNT NAME	_____ CHILD'S ID #
	_____ BEGINNING MONTH/YEAR	_____ /

THANK YOU FOR CONNECTING WITH THE WORLD THROUGH A CHILD!