



Family Fest Ministries
 140 West 98th Street, Suite 206
 Bloomington, MN 55420
 952.881.0939
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www.familyfestministries.org

| | | |
|------------|-------------|------|
| Last Name: | First Name: | |
| Address: | | |
| City, | State: | Zip: |
| Phone: | Email: | |

Authorization Type: (check one)

- New Authorization
 Change to Previous
 Terminate Authorization

Authorization Amount and Frequency:

Amount: _____ Frequency: Monthly Other: _____
 (Transfers will be made on the 10th of the month)

Donation Receipt Request: (check one)

- Monthly Receipt
 Year-end Receipt

Please debit payments from my (check one)

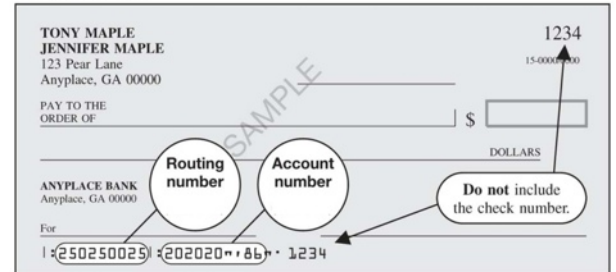
- Checking Account (attach a voided check to this page)
 Savings Account (contact your financial institution for Routing #).

Bank Name: _____

Routing Number: _____

Account Number: _____

Sample Check:



CAUTION The routing and account numbers may be in different places on your check.

Agreement:

I authorize Family Fest Ministries to initiate debit entries to my account. I understand that this authority will remain in effect until I provide reasonable written notification to terminate the authorization.

Authorized Signature: _____ Date: _____

| | | |
|------------------------|------------------------|-------------------------------|
| Office Use Only | Donor ID: | Total Monthly Payment Amount: |
| | Date of First Payment: | Alt. Monthly Payment Date: |