



Electronic Funds Transfer (ACH) Authorization

Please print out this form. It requires a signature.

Kontaktmission USA
PO Box 825
Humboldt, TN 38343-0825
(731) 784-9422
office@GoKMUSA.org

I hereby authorize **Kontaktmission USA** to charge my account each month the amount shown below (this includes my authorization for Kontaktmission USA to reverse any charges made in error). This authority will remain in effect until I give written notice to cancel or change it. I understand that *it can take up to three weeks* after Kontaktmission USA receives the information before the first electronic gift can be processed and that it can take up to three weeks to process changes.

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This form is for a:

New authorization **Change of information**

Amount per month \$ _____ **Monthly transfer date:** ____1st ____15th (check one)

(Minimum \$10.00 per transfer. If no preference is indicated, transfers will be made on the 1st of each month.)

Designated for Jon and Jenny Gainer

Please include a *voided check* (not a deposit slip) with this *signed form* and *mail* to:

Kontaktmission USA
PO Box 825
Humboldt, TN 38343-0825

We need to be able to reach you in case of a transaction problem. Please provide all this information:

E-mail: _____

Name _____ Phone () _____

Street _____

City _____ State _____ Zip _____

Signature _____ Date _____