



AMG International Electronic Funds Transfer Authorization

(Debit from Checking or Savings Account)

Name _____

Address _____

Phone Number _____ E-mail _____

Bank Name _____

Branch Address _____

Transit/Routing Number _____

Account Number _____

Account Type: Checking/Savings Amount: \$ _____ per month

Divide the Amount as Follows: _____

EFT transactions may only be processed on either the 1st or 15th of each month.

Process my donation on the: 1st of each month _____ (or) 15th of each month _____

(****Please enclose a 'voided' check. Thank you.**** Please note that some banks have different routing numbers on deposit tickets, so we may be unable to use a deposit ticket to set up the automatic payment.)

I authorize AMG International to withdraw the stated amount each month, by means of Electronic Funds Transfer from my stated bank account, for my regular support. If at any time I choose to discontinue my support, or need to make any changes to my information, I will inform AMG. AMG agrees to keep donor information in the strictest confidence. Any instructions given to AMG will be carried out as promptly and exactly as possible.

Signature

Date

Please return this completed form along with a voided check to:

AMG International
Attn: Donor Services
6815 Shallowford Rd
Chattanooga, TN 37421

Please contact Ruth Wilson at 1-800-251-7206, ex. 202 with any questions or to make changes to this information.