

Electronic Funds Transfer Authorization

Name _____

Address _____

Phone Number _____ E-mail _____

Bank Name _____

Branch Name _____

Branch Address _____

Transit/Routing Number _____ Account Number _____

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

Process my donation on the: 1st of each month _____ (or) 15th of each month _____
(EFT transactions can only be processed on either the 1st or 15th of each month)

Divide the Amount as Follows: _____

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 include a voided check or a deposit slip with your form. Thank you.