Authorization Agreement for Automatic Debits of Donations

I (We) hereby authorize Finisterre Vision in Gilbert, Arizona, to initiate a monthly debit entry in the amount(s) listed below, from the account at the financial institution named below, and authorize the institution to debit the below named account for the same. This authorization is to remain in full force and effect until I/we notify Finisterre Vision in writing to terminate the deduction.

Financial Institution:

Is the type of account a Checking account or Savings account?

Routing Number:

Account Number:

I (We) would like to give monthly to the following missionaries or projects:

Name: **$**

Name: **$**

Name: **$**

Do you have a day of the month that you would prefer transfers be made? If so, please tell us which day.

Your name:

Address:

Daytime Phone: **Email:**

Sign your name below.

X **Date**:

Mail the signed original to: Finisterre Vision, PO Box 3752, Gilbert, AZ 85299; or email it to finisterrevision@gmail.com

If you wish to change your contributions in the future, if you change financial institutions, or if you have any questions, please contact us at: finisterrevision@gmail.com or (480) 788-5317. Thank you!