

I (We) hereby authorize *Ethnos360* in Sanford, Florida, 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 *Ethnos360* in writing to terminate the deduction.

Your name(s)	Donor No.*	
*C	ptional. If you are a current Ethnos360 partner	and know your donor number, please enter it.
Street Address		
City	State	Zip Code
Daytime phone	E-mail*	
*Op	tional. When appropriate, we may use your e-r	nail address to contact you regarding your donations.
Financial institution		
Phone	Туре	e of account: \Box checking \Box savings
Routing number*		numbers, please check with your financial institution.
I (We) would like to give monthly to	the following missionaries or p	rojects:
Name Spencer and Kayla Ewert	\$	Account No.* <u>997954</u>
Name	<u>\$</u>	Account No.*
Name	<u>\$</u>	Account No.*
	* 0	ptional. Please fill in if you know the account number.
Please make transfers on the \Box 5 th	or \Box 20 th of the month, beginning	g (month/year): /
Signature		Date
Signature*		Date
*Two	signatures are required if the account rec	uires two signatures on checks or withdrawals.

Please remember to:

- Include a voided check
- □ Keep a copy of this form for your records
- □ Mail the signed original to: Ethnos360, 312 W First St, Sanford, FL 32771-1231; or fax it to 407-547-2355

Contact the Finance Office if you have any questions about this form or about giving by EFT; if you wish to change your EFT contributions in the future; or if you change financial institutions: <u>financeusa@ntm.org</u> or 1-866-547-2460.

Thank you!