

# ELECTRONIC FUNDS TRANSFER

## AUTHORIZATION FOR RECURRING LTM DONATIONS



**PLEASE PRINT:**

Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Bank Name \_\_\_\_\_

Routing # \_\_\_\_\_ Account # \_\_\_\_\_

Type of account:  Checking—attach a voided check,  Savings—attach a voided deposit slip

Funds will be transferred on the 20<sup>th</sup> of each month effective starting the month of \_\_\_\_\_

Frequency:  monthly,  bi-monthly,  quarterly,  annually,  other \_\_\_\_\_

Please use my contribution for the following LTM missionaries or ministries:

_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL RECURRING DONATION</b>	
	\$ _____

I hereby authorize Life Transforming Ministries to initiate debit entries to the account and bank indicated above. This authority is to remain in full force and effect until LTM has received notification from me of its termination in such time and in such manner as to afford LTM reasonable opportunity to act on it.

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date

**MAIL THIS COMPLETED FORM & YOUR VOIDED CHECK/DEPOSIT SLIP TO:**  
LTM • PO Box 29 • Coatesville, PA 19320