



# Electronic Donation Option Now Available

Questions:  
(559) 268-0839

- Electronic Donation is a direct debit program whereby your donation is debited automatically from your checking or savings account.
- You can consistently support the Fresno Rescue Mission without having to write a check.
- You pick the deduction date and then record it in your check register on the appropriate date. All electronic transfers will be itemized on your bank statement.
- You can notify us at any time regarding any changes in your account, deduction amount or desire to cancel.

To enroll, complete and sign the authorization form below and return it along with a voided check or savings deposit slip and mail to: Fresno Rescue Mission, P. O. Box 1422, Fresno CA 93716-1422.

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS	
Name on Account (please print): _____	
Address: _____	
City: _____	State: _____ Zip: _____
Phone: ( ) _____	Cell Phone: ( ) _____
E-Mail Address: _____	
Please debit my ongoing donation from my (check one):	
<input type="checkbox"/> Checking Account – <i>attach a voided check to this form</i>	
<input type="checkbox"/> Savings Account – <i>attach a voided savings deposit slip</i> <i>(please check with your financial institution to ensure you have the correct routing number and account number)</i>	
Donation Information (Please indicate your donation amount and frequency):	
\$ _____	<input type="checkbox"/> Weekly – Debited on Wednesdays
	<input type="checkbox"/> Semi-monthly – Debited on the 1 <sup>st</sup> and the 15 <sup>th</sup>
	<input type="checkbox"/> Monthly – Debited on the 1 <sup>st</sup> or the 15 <sup>th</sup> (please circle one)
Please make my ongoing donation effective _____ (date of first donation).	
mm/yy	
Please apply my donation to: <input type="checkbox"/> Fresno Rescue Mission	
<input type="checkbox"/>	
I authorize the Fresno Rescue Mission to process monthly debit entries from my account according to the donation information above. I understand that this authorization will remain in effect until I provide reasonable notification of its termination.	
Authorized Signature: _____	Date: _____