



Thank you for your desire to help our ministry, financially, by providing a monthly donation by way of your credit card or checking account automatic debit.

In order to have your Visa or MasterCard automatically charged each month, for your donation, please fill out the card information immediately below. To make a monthly donation by way of a debit to your checking account – an Electronic Funds Transfer – please use the second portion of this form.

The credit card payment process will begin upon receipt of this form. Then each subsequent month it will be processed on the first of the month for your donation. This will continue until you provide for a termination request in writing. You may have an update on your giving anytime by simply providing a written request. We will then forward you one by mail or e-mail. If you have any questions, please do not hesitate to contact us. You will receive an annual receipt at the first of each year for the preceding year for your tax preparation.

<b>Credit Card auto draft form</b>	<b>Card Number</b>	<b>Security code</b>	<b>Expiration Date</b>
Visa _____ MasterCard _____	_____ (____)	_____/____	

Print name as it appears on the card: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Amount: \_\_\_\_\_ Designation: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Electronic Funds Transfer payment process will begin upon receipt of this form. Then each subsequent month it will be processed on the 3<sup>rd</sup> or 18<sup>th</sup> according to your designation. This will continue until you provide for a termination request in writing. An Electronic Funds Transfer automatically debits your bank account when and for what ever amount you prescribe. You simply need to print the following EFT form, fill it out and send it to us, at the address below *with a canceled check* from the bank account you want to use for your debit. It's that simple. Thanks

**Electronic funds Transfer Form - Master's Men, CapDyn Acct # 159**

Name: \_\_\_\_\_ Transaction amount: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Frequency: monthly \_\_\_\_\_ quarterly \_\_\_\_\_ bimonthly \_\_\_\_\_ Date for charge: 3<sup>RD</sup> \_\_\_\_\_ 18<sup>TH</sup> \_\_\_\_\_

Month to begin: immediately \_\_\_\_\_ other \_\_\_\_\_

Authorized signature: \_\_\_\_\_ Date: \_\_\_\_\_

***PLEASE DO NOT FORGET TO PROVIDE YOUR CANCELED CHECK***

**CANCELED CHECK**

Please return this finished form to the address below.

Master's Men PO Box 797363, Dallas, TX 75379 Ph (o) 972-599-0123 (m) 704-905-3855  
E-mail info@mastersmen.com Web Site www.mastersmen.com