

Electronic Funds Transfer (EFT) Authorization

Full Name _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Phone (include area code) _____

Bank Account Information: **ATTACH A VOIDED CHECK**

Gift Information

Amount of Monthly Gift: \$ _____ Month to begin EFT: _____

Date to transfer each month: 5th or 15th

Designated Project (*optional – if blank, gift will be applied to General Ministry Fund and used as needed.*)

I authorize a monthly Electronic Funds Transfer to Ukraine Ministries of Oklahoma, Inc. in the amount indicated above from my account and financial institution as listed on the attached voided check. I agree that each debit of my account shall be the same as if I signed a check. This authorization will remain in effect until I notify Ukraine Ministries of Oklahoma, Inc. in writing to stop this EFT. I understand that Ukraine Ministries of Oklahoma, Inc. reserves the right to stop this EFT plan and/or my participation therein without notice.

Signature _____ Date _____

Mail completed form with a voided check to:

**Ukraine Ministries of Oklahoma
1419 Old Mill Road
Moore, Oklahoma 73160**