



Automatic Donation Withdrawal Authorization

Donor's Account Information (please print)

From: _____ (Name on Account)

Account #: _____ (Attach Voided Check)

Bank Name: _____

Routing/Transit #: _____

Bank Address: _____

Type of Account (check one): Checking

Savings

It is my desire to make regular monthly contributions to National Bible College through an electronic funds transfer (EFT). I hereby authorize National Bible College to initiate an electronic funds transfer each month in the amount of \$ _____ to begin on _____ 15th, 20____ and continue on the 15th day of each month (or next business day) until this authorization is revoked by me (us) in writing and delivered to National Bible College.

Donor's Signature: _____ Date: _____

SEND AUTHORIZATION TO:

National Bible College
4701 NW 11th Avenue
Fort Lauderdale, FL 33309