

HIS MANSION MINISTRIES
395 Wolf Hill Rd
Deering, NH 03244-6416
Office: 603.464.5555, Fax: 603.464.5658

ELECTRONIC FUND TRANSFER (OPTIONAL)

Yes, I would like to begin making my monthly contribution through Electronic Fund Transfer, with a monthly gift of: \$_____. I have enclosed a voided blank check. Please transfer my monthly gifts from my bank account on the 10th of the month, to start in the month of _____. I understand that my future monthly gifts will be transferred directly from my banking account and will appear on my bank statement. If at any time I wish to increase, decrease, or suspend my giving. I can contact His Mansion Ministries at (603) 464-5555. All gifts provided to His Mansion Ministries originating as ACH transactions comply with U.S. law.

Account type: Checking

General fund amount \$_____ Suggested staff support amount \$_____

Suggested staff member name (if applicable) _____

SIGNATURE _____ Date signed ____/____/_____

Phone Number _____ E-mail _____