

# *Counseling Ministries International*

## **Donation By Automatic Withdrawal**

You can now have donations automatically withdrawn monthly. The account must be a U.S. Checking or Savings Account.

### **What should I expect?**

Each month, Counseling Ministries International will withdraw your donation from your bank account. This will occur on the 15th each month and Counseling Ministries International will send you a tax-deductible receipt.

On the 15th of each month, Counseling Ministries International will withdraw your donation from your bank account. Your withdrawal will appear on your monthly bank statement and you will receive a tax-deductible receipt from Counseling Ministries International by the end of the month.

### **How do I enroll?**

Select from one of the options below (Checking or Savings) and complete the Automatic Gift Withdrawal Enrollment and Authorization Form.

#### **1. CHECKING**

If your donations will be withdrawn from a checking account, enclose a voided check. It is very important that you include your bank's phone number.

#### **2. SAVINGS**

If your donations will be withdrawn from your savings account, you will need to provide us with your bank routing and account number.

### **ONCE I'M IN THE PROGRAM, HOW DO I CHANGE MY DONATION AMOUNT?**

To change the amount of your donation or how you want your donation designated, contact the Counseling Ministries International office by e-mail at [info@cmitulsa.org](mailto:info@cmitulsa.org).

### **WHAT IF I NEED TO STOP MY WITHDRAWALS?**

You must let us know before the 1st of the month to cancel the withdrawal occurring on the 15th of that month.

**Your Information - Please Print**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Amount: \$ \_\_\_\_\_.

**Bank Information - Please Print**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

The withdrawals will be made from my checking account (voided check must be enclosed).

Account number: \_\_\_\_\_ Routing number: \_\_\_\_\_

The withdrawals will be made from my savings account.

Account number: \_\_\_\_\_ Routing number: \_\_\_\_\_

Date of first withdrawal: \_\_\_\_\_/15/\_\_\_\_\_ Date of final withdrawal: \_\_\_\_\_/15/\_\_\_\_\_ .

**SIGNATURE REQUIRED**

I hereby authorize Counseling Ministries International, or its agents, to transfer the amount listed above from the indicated account on the 15<sup>th</sup> of each month (if the 15<sup>th</sup> falls on a weekend or holiday, on the next business day).

Donor's signature (only one donor signature needed)

\_\_\_\_\_

Please send this form, along with your check or money order, to the address below:

**Counseling Ministries International**

1637 Stubbeman Ave.  
Norman, OK 73069

Thank you for your contribution!