



**ELECTRONIC FUND TRANSFER FORM
Authorization Agreement**

I/We hereby authorize Nations for Jesus to initiate debits from my bank account and the financial institution indicated below. I understand that both Nations for Jesus and my financial institution reserve the right to terminate this payment plan or my participation therein. This authority is to remain in effect until revoked by me in writing.

Return this form with your voided check to the following address: Nations for Jesus, Post Box 908, Lilburn, GA 30048. Phone: 404-474-1172; Fax: 404-551-4833.

Date: _____

Name(s): _____

Street Address: _____

City, State, Zip Code: _____

Home Phone: _____ Work Phone: _____

E-Mail Address: _____

Financial Institution: _____

Bank Routing Number: _____

Bank Account Number: _____

Type of Account (circle one): Checking Savings

Signature 1: _____ Signature 2: _____

I/We wish to support NFJ with a monthly debit of: \$ _____

Please debit my account every month on the (circle one): 1st or 15th or 20th

I/We wish to designate my/our gift to:

____ Evangelistic Crusade ____ Hope Center ____ Orphaned Children

____ Missionary Support ____ Bible Institute ____ Literature Distribution

____ General Operations ____ Church Planter ____ Widows Ministry

Thank you for your gift to Nations for Jesus!