



Complete this form and email or mail to Pastor

Paul's Mission

*Necessary Information to be completed.

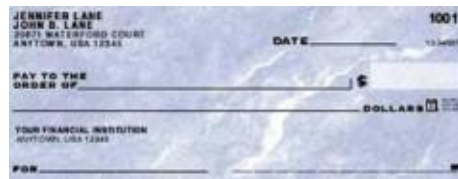
*Check Name _____

*Bank Name _____

*Bank's Routing-ABA# _____

This number is 9 digits long and is located at the bottom on the left of your check.

Shown in sample Check Below:



{123456789} {1234567} {1001}

ABA Routing Number *Account Number* **Check Number**
(Do not include the check number)

*Checking Account # _____

This number is at the bottom to the right of the routing number.

*Donation Amount: _____

***The donation amount must be 1.00 or greater.**

Enter 00.00 decimal to indicate dollars.

Date of Transfer: Circle Month and Day

***Month:** January February March April May June July August September October
November December

***Day:** 1 7 14 21 28

You must agree to the following:

I hereby authorize Pastor Paul's Mission to initiate debits electronically, by paper means or by any other commercially accepted method, to my checking account. I authorize my financial institution, to debit the same such account. I also understand that I can change the amount at any time upon written notice to Pastor Paul's Mission before the day of debit.

***Authorization Signature:**

_____ ***Date:** _____

The transaction confirmation will be sent by email to: pastorpaul.org@gmail.com

Send by Mail to: Pastor Paul's Mission, 1000 Oliver Av N, Minneapolis, MN 55411

For more information call: Jeanine Arnopoulos at 612-521-4665