



Direct Debit Authorization Now Available

Friends who give regularly to AFnet may now have their gifts automatically deducted from their bank account through an electronic contribution authorization (ACH). If you would like to participate in this economical and convenient way to support this ministry, please fill out the form below and mail it back with your gift. Then, starting next month your gift will automatically be deducted on the 1st or 15th of the month, whichever you choose.

If you have any questions, please call the AFnet office at (408) 249 3777

May God richly bless you for your kindness!

AFnet Electronic Contribution Authorization Agreement

Gift Information

Amount of electronic gift: \$ _____ Gift schedule 1st or 15th of month
(please mark one to indicate preference)

Your Information

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ E-Mail _____

Bank Information

Type of account: Checking Savings
Name of your bank, saving & loan, or credit union _____
Branch Name _____
Address (City, State, Zip) _____
Telephone Number _____
Account Number _____
Routing Number _____
(9-digit number on bottom left of check)

Designation of gift

- General Support
- Missionary _____
- Church Planting (Adopt-a-Church)
- Leadership Formation
(Word Growth Institute/ISOM)
- Orphans/AIDS (AFnetAid)
- Community Development
- Bible Fund
- Santa Cruz Cares/AFnetAid

Our Pledge of Financial Integrity

Receiving all our support from individuals, churches, and foundations, AFnet takes care to follow the highest standards of Christian ethics in financial accounting and reporting. We apply funds in the most efficient way possible.

I authorize AFnet to deduct funds from the account at the financial institution named above. I understand that I can stop these automatic deductions by providing written notice to AFnet or my financial institution. This authorization is to remain in effect until I revoke it.



*A higher standard.
A higher purpose.*

To accurately process this request:

Please attach a voided check for the account named above.

X _____
Your signature as shown on financial institution records Date