



## EFT DEBIT AUTHORIZATION FORM

I want to partner with the ministry in its work of spreading the gospel and the teaching of biblical evangelism. As a Partner, I would like to make the following donation, and authorize LIVING WATERS to debit my checking account via EFT/ACH transaction as specified below. For recurring donations, I understand that this process will remain in effect until I request its termination either in writing or via email. Confirmation of termination will be sent upon receipt.

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**IDENTITY VERIFICATION:** \_\_\_\_\_

*(This is required by your bank in order for us to request an EFT/ACH transfer. Please supply your Drivers' License Number indicating state of issue.)*

**FREQUENCY OF GIFT:**  Monthly (choose one below)  Other  
 1<sup>st</sup> of each month Please specify: \_\_\_\_\_  
 15<sup>th</sup> of each month

**AMOUNT OF GIFT:**  \$10  \$25  \$50  
 \$100  \$200  Other  
 Amount: \$ \_\_\_\_\_

**DESIRED AREA OF GIVING:**  General Outreach Support  
*(If you select more than one area of support, then your gift will be divided equally between those areas.)*  The Way of the Master Outreach

**A voided check must be included in order to set-up your EFT/ACH Donation Request.**

**Mail completed form to:**

**Living Waters Publications  
 Attn: Chief Financial Officer  
 9818 Arkansas Street  
 Bellflower, CA 90706.**

**If you wish, you may fax this form directly to our office, (562) 207-9313.**

\_\_\_\_\_ Signature \_\_\_\_\_ Date

\_\_\_\_\_ Print Name