

Love & SONshine

M I N I S T R I E S

Monthly Giving EFT Authorization Form

Name
Email
Mailing Address
Phone
City, State Zip

EFT ENROLLMENT

I _____ would like to give to Love and SONshine Ministries using ACH (Electronic Funds Transfer) and I hereby authorize Love and SONshine Ministries to debit my checking account \$ _____ on or around the 10th of each month.

Signature

Date

Please include a voided check and send along with this form to Love and SONshine Ministries, PO Box 23174, Billings, MT 59104.