



Children of Promise International

## — Electronic Funds Transfer Authorization —

I (We) authorize *Children of Promise International* to withdraw funds from my account in the amount of \$ \_\_\_\_\_

Begin withdrawals in the month of \_\_\_\_\_ and continue ☐ Monthly ☐ Quarterly ☐ 6 Months ☐ Yearly ☐ One-Time

For all commitments currently on record and \_\_\_\_\_

*(List additional children, homes, missionaries, etc. you wish to support)*

Withdraw Funds from ☐ Checking or ☐ Savings Account

On the ☐ 5<sup>th</sup> ☐ 20<sup>th</sup> ☐ Other \_\_\_\_\_ day of the month.

*I (We) understand that this withdrawal will continue until I (we) notify Children of Promise International to change or cancel the automated withdrawal.*

**WE MUST HAVE A VOIDED CHECK OR  
DEPOSIT SLIP TO WITHDRAW FUNDS!**

*I (We) acknowledge the origination of ACH/EFT transactions from my (our) account must comply with the provisions of U.S. law*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Send this form to: Children of Promise, 6844 Loop Rd., Centerville, OH 45459 ♦ Fax to (937) 438-4972 ♦ Email to [Accounting@promise.org](mailto:Accounting@promise.org)