

How You Can Help Financially

We obviously appreciate the importance of prayer support and how you encourage us by telling us you are praying! If you desire to help us financially, there are two ways you can go about sending in your tax deductible gift.

Choice 1: Monthly EFT (Electronic Fund Transfer) **FORM ON BACK.**

Three Springs Ministries is allowing Electronic Fund Transfers. This allows Three Springs Ministries to electronically transfer your donation directly from your bank account to Three Springs Ministries' bank account for_____. Your donation will be **debited from your account on the 10th of the month** following the processing of your enrollment and again the same day each month thereafter.

Benefits:

- You save time and money by not writing and mailing checks.
- Your monthly support will not be delayed or lost in the mail.
- You do not have to remember to give when you are away from home or on vacation.
- The amount you give and its distribution can be changed or canceled by notifying Three Springs Ministries *in writing*.

How to get started:

- Complete the enclosed authorization form on the back of this sheet.
- Include the following:
 - Gifts from checking accounts: Include a voided blank check.
 - Gifts from savings accounts: Include a blank deposit slip.
- Return the completed form to:
Three Springs Ministries, 874 Linck Hill Road, Morris, PA 16938

If you have any questions, please call 570-353-2155 or E-mail office@threespringsministries.org

Thanks in advance!

Choice 2: One-Time Gift or Monthly Check **FORM BELOW**

Please cut out and fill out the form below if you want to give a one-time gift or if you want to commit to a monthly amount that you will send in each month. (Ignore second page.)

- Make the check out to: **Three Springs Ministries**
- Please DO NOT write staff name on the memo of the check. Write Staff name or Project on cutout.

Support for _____

- Committed to PRAY!
- Having Three Springs visit my church
- More information on Three Springs

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Phone: (____) _____ - _____

Financial support for:

- \$100 Monthly
- \$50 Monthly
- \$25 Monthly
- Other _____

Send to: Three Springs Ministries, 874 Linck Hill Road, Morris, PA 16938

AUTHORIZATION FORM FOR ELECTRONIC FUND TRANSFER FOR THREE SPRINGS MINISTRIES

Three Springs Ministries
874 Linck Hill Road
Morris PA 16938
570-353-2155
office@threespringsministries.org

Please complete the following:

Name:

Mailing Address:

City, State, Zip:

E-mail Address:

Daytime Phone:

Total Monthly Amount:

Name(s) on Bank Account:

Name of Financial Institution:

Bank ABA Routing #:

Routing # is located at bottom of check between these symbols |: |:

Please **check one** of the following:

Checking Account #:

Please attach a voided check.

- OR -

Savings Account #:

Please attach a deposit slip.

Distribution of Donation (please show dollar amounts):

Total	Distribution →					
Total Monthly	Monthly Distribution	General TSM	Staff Name	Staff Name	Staff Name	Other
TOTAL	Category					
\$	\$ Amount	\$	\$	\$	\$	\$

Authorization Agreement for Prearranged Payments:

I hereby authorize my financial institution and Three Springs Ministries to debit the account specified in the amount of my Three Springs Ministries donation. I agree that each charge to my account shall be the same as if I had signed a check to make the donation. This authority will remain in effect until I supply Three Springs Ministries with written notice to terminate or change the payment plan. Notice must be 15 days before the donation date and shall be effective only with respect to donations after Three Springs Ministries' receipt of such notification. In addition, I have the right to stop payment of a donation by notifying my financial institution before the stated donation date. I understand that both the financial institution and Three Springs Ministries reserve the right to terminate this payment plan and/or my participation therein. Failure to notify Three Springs Ministries of closing my bank account or failure to maintain sufficient funds will result in additional service charges.

Signature: _____ Date: _____