



Share your faith every day as a way of life
56 Mulberry Bend
Jonesborough, TN 37659
(484) 332-0373

ACH Form

Name _____

Address _____

City _____ ST _____ Zip _____

Phone _____ Email _____

PLEASE SELECT ONE:

_____ New Authorization

_____ Change Financial Institution

CONTRIBUTION FREQUENCY (Please choose one)

_____ Monthly (1st of the Month)

_____ Monthly (15th of the Month)

Amount of Monthly Contribution \$ _____

TYPE OF ACCOUNT (Please check one):

_____ Checking (Please attach a voided check)

_____ Savings (Please attach a deposit slip)

Effective Start Date: _____

I hereby authorize Don Sunshine Ministries to process debit entries to my account. I have attached a voided check or savings account deposit slip. This authorization will remain in effect until I have given written notice of its termination.

Signature _____ Date _____

***** Please attach a voided check or savings account deposit slip to this form *****