



Electronic Funds Transfer (ACH) Authorization
Please print out this form. It requires a signature.

Kontaktmission USA
PO Box 825
Humboldt, TN 38343-0825
(731) 784-9422
office@GoKMUSA.org

I hereby authorize Kontaktmission USA to charge my account each month the amount shown below (this includes my authorization for Kontaktmission USA to reverse any charges made in error). This authority will remain in effect until I give written notice to cancel or change it. I understand that it can take up to three weeks after Kontaktmission USA receives the information before the first electronic gift can be processed and that it can take up to three weeks to process changes.

This form is for a:

____ New authorization ____ Change of information

Amount per month \$ _____ Monthly transfer date: ____1st ____15th (check one)

(Minimum \$10.00 per transfer. If no preference is indicated, transfers will be made on the 1st of each month.)

Special instructions/requests, **designated for**, etc.

Please include a *voided check* (not a deposit slip) with this *signed form* and *mail to*:

Kontaktmission USA
PO Box 825
Humboldt, TN 38343-0825

We need to be able to reach you in case of a transaction problem. Please provide all this information:

E-mail: _____

Name _____ Phone () _____

Street _____

City _____ State _____ Zip _____

Signature _____ Date _____