

D.O.O.R. International ACH Contribution Form

___ YES! Please enroll me in the D.O.O.R. International AUTOMATIC CONTRIBUTION SERVICE ...my voided check is attached.* (see note below)

I authorize my bank to transfer to **D.O.O.R. International** on the 20th of each month the amount indicated below. I understand I will receive a confirmation prior to my first transfer ... and that this authorization remains in effect until I notify D.O.O.R. International (*in writing*) of any change.

<u>Missionary or project</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<u>Monthly Total</u>	\$ _____

Name

Address

City/State/Zip

Home Phone

Name of Bank

Bank Phone

Checking Account Number

Routing Number

*** NOTE:** Banks *require* that we include one of your voided checks and your signature before authorizing an automatic transfer of funds from your account. ***Please include a voided check and sign below.***

Primary Signature Date

Secondary Signature (if any) Date

D.O.O.R. International (Deaf Opportunity Outreach)
P.O. Box 97487 * Raleigh, NC 27624-7487 *
Phone: 919-844-0062 * Fax: 919-844-0220 * E-mail: DOORInternational@msn.com