



cvm.org
PO Box 5888
Lynnwood, WA 98046-5888
USA

Electronic Funds Transfer (EFT) Monthly Donation Authorization Form

I/we hereby authorize **Christian Veterinary Mission (CVM)** to initiate debit entries to my/our account and financial institution listed below.

PLEASE PRINT

Name/s (First & Last) _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____

Financial Institution _____

Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

Type of Account [] Savings [] Checking (note: include voided check with this form)

Debit Amount \$ _____ Monthly Debit Date: _____

Designation:

[] Where Most Needed

[] Fieldworker (List fieldworker or project name): _____

[] Other _____

This authorization shall remain in effect until Christian Veterinary Mission has received written notification from me/us of its termination in such time and in such manner as to afford Christian Veterinary Mission a reasonable opportunity to act on it.

Signature (required) _____ Date _____

Mail this form and a voided check to:

Christian Veterinary Mission
ATTN: Donor Services
PO Box 5888
Lynnwood, WA 98046-5888

Questions or Need Assistance? You can contact Donor Services at 206-905-8462.