

Electronic Funds Transfer (EFT) — Source of Light Ministries

A safe and secure way to transfer funds



After you have given authorization for Source of Light Ministries to transfer funds, they will be transferred each month on the fifth or twentieth — your choice. Our bank will notify your bank to transfer the funds. That's all there is to it; however, **don't forget to subtract the amount each month in your check book.**

EFT – SLM

Saves Time

It is automatic so there is no need to write a monthly check.
It is more efficient in our Accounting Department.

Saves Money

No postage stamps are needed.

Saves Concern

Electronic transfers are done automatically while you are on vacation, away from your bank or home, so there is no need to worry about sending funds to your missionaries and other designations.
After each transfer, SLM will send you a tax-deductible receipt.

You remain in charge – This authority is to remain in effect until SLM has received written notice to cancel or change the preference or amount in such time and manner as to afford the organization and financial institution a reasonable opportunity to act on it.

Here's How

Fill in the form on the back and send to: **Source of Light Ministries**
1011 Mission Road
Madison, Georgia 30650-4908

1. Prayerfully fill in the amount you want to contribute each month.
2. Enclose a sample check, marked "void." This check will furnish the necessary banking information.
3. Mail the Authorization Form directly to Source of Light.

Authorization Form

I hereby authorize Source of Light Ministries International, Inc. to arrange an automatic withdrawal from my account each month. My contribution is to be used as indicated below:

\$ _____ Global Outreach Fund _____
\$ _____ Missionary _____
\$ _____ Project _____
\$ _____ Branch/Branch worker or Project _____

(Please attach a list if more space is needed.)

Total amount per month \$ _____ Beginning Month _____, 5th or 20th Day of Month, Year _____

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Daytime phone: _____ Nighttime phone: _____ Email: _____

Please sign below as required on checks issued against your account.

Signature _____ Signature _____ Date _____

Donor

Spouse or Other, if joint account