Automatic Monthly Contribution Authorization Form
Haitian Christian Foundation, Inc.
Phone: 325-677-0033 email: hcfcbt@gmail.com

[ ] New Set-up [ ] Change [ ] Cancellation

Contributor's Name: _____

Street, City, State, Zip: _____

Phone: _____ E-Mail Address: _____

Congregation/Foundation/Organization Name (if not from individual donor):

_____

Street, City, State, ZIP _____

Phone: _____ E-Mail Address: _____

Contact Name: _____

I authorize HAITIAN CHRISTIAN FOUNDATION, INC. to automatically draft $ _____ from my ([ ] checking/ [ ] savings) account on the ([ ] 1st / [ ] 15th) day of each month (please see the accompanying voided check or savings deposit slip for my bank information). This contribution should begin with the month of _____ in the year _____ and be deposited in the HAITIAN CHRISTIAN FOUNDATION, INC. account every month until further notice. These funds are designated to prepare selected Haitian men to be servant evangelists to spread the gospel of Christ, and to minister to the needs of the Haitian people in the Spirit and likeness of Christ.

_____ _____ _____
Printed Name Date Signature

IMPORTANT: For checking account contributions, please attach a voided check (not deposit slip) from the financial institution where your funds will be drawn. For savings account contributions, please attach a savings deposit slip. Mail it back to us along with this completed form in the enclosed envelope or in an envelope addressed to:.

HAITIAN CHRISTIAN FOUNDATION, INC.
402 Cypress St. Suite 511
Abilene, TX 79601

We thank God for you, and we thank you so much for your contribution!! May God bless you always.

Office Use Only:
Date Received _____
Effective Date _____