

EFT

Electronic Funds Transfer

Here's how easy it is to get started!

At No Cost to You

1. This is a voluntary option.
2. Please completely fill in the EFT information requested below.
3. Indicate the amount you want deducted each month.
4. Return the form with a **voided blank check** from your checking account (no deposit slips, please).
5. The monthly transfer will be made around the 5th or 20th of each month.

The first automatic deduction will occur in about six weeks. You will receive a letter confirming that JAARS has enrolled you in this plan and the date of the first deduction.

Agreement for EFT Applicants Only:

This permission to charge your bank account is the same as if you personally sign a check to JAARS monthly. This agreement will remain in effect until:

1. You write a note or call JAARS telling them to end this agreement, and they have had a reasonable amount of time to act on it, OR,

2. JAARS or your bank sends you 10 days' written notice that this agreement will end.

You understand and agree that your bank is responsible for the accurate and timely recording of your transferred gift(s). In the event of an error, you have the right to tell your bank to reverse any transfer.

However, you must do so in writing within 15 days of the bank statement or within 45 days after the transfer was made. In the event of any such bank notification, you also agree to notify JAARS immediately so that needed corrections can be made.

Thanks for your support of JAARS. Through your investments each month you are helping to give people worldwide the Bible in their own language.

For further information, call 1-888-773-1178. Ask for Partnership Ministries.

I give my bank permission to transfer the following amount from my personal account to pay JAARS, Inc. each month:

Name* _____
Street Address* _____
Apt* _____
City* _____
State* _____ Zip* _____ - _____
Email address _____
Phone* _____

Bank name* _____
Bank phone* _____
Bank account number* _____

I understand and agree with the information on this form and have **attached my voided blank check** to this form.

Please use my contribution for the following project funds: Amount*

JOP (Where Needed Most)	\$ _____
Project _____	\$ _____
Project _____	\$ _____
Total monthly deductions will be:	\$ _____

Please deduct each month on the
___5th , ___20th , or ___no preference.*

Signature* _____
Date* _____

**Required information*