



Christadelphian Bible Mission *of the* Americas

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Save Time! Save Money! Save Paper!

SIGN UP FOR PAPERLESS DONATIONS

Donation Amount: \$ _____ One-Time Donation Recurring Monthly Donation
on the _____ of the Month

IF YOU WOULD LIKE THE DONATION TO COME FROM YOUR CHECKING ACCOUNT:

I authorize the Christadelphian Bible Mission of the Americas (CBMA) to electronically draft donations from my Checking Account at the financial institution listed below (the Bank). This authority will remain in effect until the CBMA is notified by me in writing to cancel it.

Name of Bank

Branch

Address, City, State & Zip of the Bank

Your Signature

Today's Date

Your Name as it appears on the Account

Your Email Address for Confirmation

Your Bank's Routing Number

Your Checking Account Number

These numbers are located on the bottom of your check as follows:

⑆ 123456789 ⑆ 1234567890123 ⑆
Routing Number Account Number

IF YOU WOULD LIKE THE DONATION TO COME FROM YOUR CREDIT CARD:



I authorize the Christadelphian Bible Mission of the Americas (CBMA) to charge donations to my Credit Card listed below. This authority will remain in effect until the CBMA is notified by me in writing to cancel it.

Credit Card Number – 16 Digits – **Visa / MC Only**

Expiration Date

Customer Identification Number – 3 Digits on Back

Your Phone Number

Your Name as it appears on your Bill

Your Billing Address

Your Signature

Your Email Address for Confirmation