



THE MISSION
YAMHILL COUNTY
GOSPEL RESCUE MISSION

1340 NE Logan St
PO Box 373
McMinnville, OR 97128
503-472-9766

Payment Authorization Form Bank Account or Credit Card

Schedule your donation to be automatically deducted from your checking account, or charged to your Visa, MasterCard, American Express or Discover Card.

The Recurring Donation Plan makes it convenient and saves time and postage

Here's how the Recurring Donation Plan works:

You authorize regularly scheduled donations to your checking/savings account or credit card. A donation receipt will be emailed to you.

Please complete the information below:

I _____ authorize the Yamhill County Gospel Rescue Mission to charge/debit my account on the _____ day of each month as a donation the amount of _____.
(Date of Transaction) (Donation Amount)

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Checking/ Savings Account

Checking Savings


Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



Credit Card

Visa MasterCard

Amex Discover

Cardholder Name _____

Account Number _____

Exp. Date _____

CVV (3 digit number on back of card) _____

SIGNATURE _____ DATE _____

I agree to notify the business in writing of any changes in my account information or termination of this authorization 15 days prior to the next due date of the charges. For ACH debits to my checking/savings account, I understand that because this is an electronic transaction, these funds may be withdrawn from my account each month as soon as the above noted transaction date. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I will not dispute the company's recurring billing with my bank or credit card company; so long as the transaction corresponds to the terms indicated in this agreement.