



THE MISSION
YAMHILL COUNTY
GOSPEL RESCUE MISSION

1340 NE Logan St
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

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Name on Acct _____	
Bank Name _____	
Account Number _____	
Bank Routing # _____	
Bank City/State _____	

Credit Card

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
<input type="checkbox"/> Amex	<input type="checkbox"/> 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debits to my checking/savings account, I understand that because this is an electronic transaction, these funds may be withdrawn from my account each month as soon as the above noted transaction date.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.