

Firm Foundation In Christ Ministries

ELECTRONIC FUNDS TRANSFER

Donation Request Form

Contact Information:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____

Email: _____

Banking Information:

Bank Name & Phone #: _____

Bank Routing #: _____ Account #: _____

Account Type

(please check only one)

Personal Checking

Personal Savings

Business Checking

Business Savings

Donation Type

(please check only one)

Monthly

Quarterly

Other (Please specify) _____

Donation Timing

(please check only one)

On the 5th of the month

On the 20th of the month

Donation Amount: US\$ _____ Starting month/year _____

Donation preference: _____

(If blank, it will go to the general ministry of FFICM)

Authorization:

Please sign below to confirm that you are authorizing FFICM to begin transferring donations from the account mentioned above.

Signature

Date

Please submit the completed form and a copy of a voided check or a letter from your bank providing confirmation of your account information.

Return this to FFICM by mail or email.

By mail:

FFICM
515 NW Saltzman Rd. #875
Portland, OR 97229

By email:

send a scan of this form and an image of a
voided check to accounting@fficm.org



*FFICM is a 501 (c)(3) charitable organization. All the contributions are tax deductible.
No goods or services will be provided in exchange for contributions.*