



Name: _____

Address: _____

Email: _____ Phone: _____

Support Amount \$ _____ Child's Name _____

or Purpose _____

Method of Payment Authorize VIM to conduct ACH withdrawal(s)
(complete info below)

I/We hereby authorize Vision International Missions to initiate debit entries to the bank account indicated below for monthly payments. I/we acknowledge that the origination of ACH transactions to our account must comply with the provision of U. S. law and NACHA rules.

Account Number: _____

Routing Number (9 digits): _____

Monthly Amount: _____

This authorization is to remain in full force and effect until Vision International Missions has received written notification from Supporter of its termination in such time and in such manner as to afford Vision International Missions a reasonable opportunity to act on it.

Signature _____ Date: _____

ATTACH VOIDED CHECK HERE

A voided check from your checking account must be included in application.
(Do not use a deposit ticket or temporary check)

Please Mail Form To:
Vision International Missions
400 Bedford Street, Suite 304
Manchester, New Hampshire 03101
Tax ID: 02-0506104

or

Email Form To:
Email: VIMissions@aol.com
Phone: (603) 867-9955
Fax: (603) 210-1277
www.vimissions.com