



RECURRING DONATION DRAFTS AUTHORIZATION FORM

I hereby authorize New Fields World Wide Ministries, Inc. to make recurring drafts from my **Bank Account or Credit Card** (please choose one) listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until "New Fields" is notified by me in writing or by phone to cancel it.

*(NAME OF ACCOUNT HOLDER)

*(BILLING ADDRESS)

*(PHONE NUMBER)

*(E-MAIL)

CREDIT CARD

*Please circle one: Visa / MasterCard / Discover / Amex

*Account Number: _____

*Expiration Date: _____
(mm/yyyy)

*CVC: _____
(Last - 3 digits on back of card)
(Amex - 4 digits on front of card)

BANK ACCOUNT

*Checking or Savings Account? Checking Savings

*Routing Number: _____ *Account Number: _____

*Bank Name: _____

*Donation Amount: \$25 \$50 \$100 other _____

The amount specified will be drafted from the account **once a month**

*(Signature)

*(Effective Date)

Thank you for supporting the ministry of "New Fields"!

PLEASE MAIL FORM TO:

New Fields Ministries Inc.
PO Box 12552
Overland Park, KS 66282-2552

Tel: 913-649-9500
www.newfields.org