Companions in Mission
EFT Form

Welcome to the Companions in Mission sponsorship program. Please fill out this section for an automatic transfer of your donation from your checking account directly to Maryknoll Lay Missioners. You will pay no bank fees.

Please enclose an UNSIGNED check marked VOID.

Name:_____
First Middle Last

Spouse Name: _____
First Middle Last

Name on Checking Account: _____
(Please print name as on check)

Mailing Address: _____

_____

Phone Number: (____)____-_____ **E-Mail Address:** _____

I authorize my bank to pay to the order of Maryknoll Mission Association of the Faithful (our legal name) $_____on the 10th of the month.

Amount of Donation $:_____ Starting date:_____

<u>Frequency of Donation</u> (*Please check one):*
❑ Monthly ❑ Quarterly ❑ Annually

Signature: _____

Please complete this authorization form, print it, sign it, and mail it with a voided check to:

Maryknoll Lay Missioners
Companions in Mission
P.O. Box 307
Maryknoll, NY 10545-0307