



MOPS International Authorization Agreement for Electronic Funds Transfer

I give my permission to transfer the following amount from my personal account to MOPS International each month.

Name: _____

MOPS International Account Number if available: _____
(listed on your receipt)

Address: _____

City: _____ State: _____ Zip: _____ Monthly Contribution Amount: \$ _____

Phone: _____ E-mail: _____

Date of Contribution (Please check one): 1st of month 15th of month

Electronic Funds Transfer:

Bank Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Routing Number: _____ Account number: _____

Type of Account: (Please check one): Checking Savings (attach voided check or deposit slip)

Credit Card Authorization:



Card Number: _____ Exp. Date (MM/YYYY): _____

I have read, understand, and agree with the information on the bottom of this form and have attached my voided blank check or savings deposit slip to this form.

Signature: _____ Date: _____

This permission to charge my bank account is the same as if I had personally signed a check to MOPS International. This agreement will remain in effect until:

- 1. I write a note or call MOPS International telling them to end this agreement and they have had a reasonable amount of time to act on it. OR*
- 2. MOPS International or my bank sends me a written notice that this agreement will end in 10-days.*

In the event of an error, I have the right to tell my bank to reverse any transfer. However, I must tell them in writing within 15-days of the bank statement or within 45-days after the transfer was made.

I understand and agree that my bank is responsible for the accurate and timely posting of my transferred gift. In the event of an amount or double posting error, I will handle this problem directly with MOPS International.

**Thank you for your support of MOPS International.
Use the enclosed envelope to return this form and a voided check or savings deposit slip.**