MedSend
EXTENDING GOD'S LOVE THROUGH GLOBAL HEALTHCARE

EFT ENROLLMENT FORM

This authorization to charge my bank on either the 5th or 20th of each month shall be the same as if I had signed a check payable to MedSend. This authority is to remain in effect until MedSend receives written notification of this change. I understand that I am in full control of my payment, and if at any time I decide to make any changes or discontinue the EFT service, I will notify MedSend in writing at:

MedSend- 1838 Gold Hill Rd., Fort Mill, SC 29708-6919 or
Email- stacey@medsend.org

Name ________________________________ **Today's Date** (mm/dd/yy) _________________________

Address ____

City ______________________________ **State** ________ **Zip** ________

Phone _____________________________ **Email Address** ___________________________________

I authorize MedSend to transfer monthly payments from my bank in the amount of $ ________.__

Please select which day of the month the EFT should be drawn on: ____ 5th ____ 20th

Please select starting date for the EFT: (mm/dd/yy) ____

I would like to designate my giving to go towards:

☐ **Where Needed,** ☐ **MedSend to the World,** ☐ **National Scholars,** ☐ **The Launch Project,** ☐ **The Longevity Project**

SIGNATURE ____

Thank you for your support of MedSend. Your gifts will help speed healthcare professionals to places of desperate need to share the love and healing of Jesus Christ.

Please print and mail this authorization form with your blank voided check to the MedSend address above. If you prefer to email the form back, please return it by responding to the SECURE email that was send to you with the blank form. DO NOT SEND THIS FORM BACK USING AN UNSECURE EMAIL LINK AS IT CONTAINS YOUR BANKING INFORMATION. Please include a photocopy of your check in the email. If you are only changing the amount of your donation and not the banking information, you do not need to send a voided check. Below account information will be shredded once donation has been processed.

CHECKING (PLEASE ATTACH A VOIDED CHECK.)

BANK NAME ______________________________

ACCOUNT NUMBER _________________________ **ROUTING NO.** __________________________