

XENOS HUMANITARIAN AID & DEVELOPMENT FUND

Authorization for Automatic Payment

I authorize Xenos Christian Fellowship, Inc. and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution three (3) days before my account is charged. I can have the amount of erroneous charge immediately credited to my account up to 15 days following issuance of my financial institution's statement or 60 days after posting, whichever occurs first.

Name of Bank

Signature

Phone Number

Name

Address

Checking Account # _____ OR Savings Account # _____

Routing Number _____

(Between the : symbols on the bottom left of your check)

Debit my account for \$ _____ Beginning _____, 200__

Debit my account for the above amount on:

The 1st of each month

The 16th of each month

Both the 1st & 16th of each month

	Please Select Fund	% or \$ Amount
<input type="checkbox"/>	Cambodia - Mercy Medical Center	
<input type="checkbox"/>	Cambodia – Kompong Cham School	
<input type="checkbox"/>	Cambodia – World Relief Hope Ministries	
<input type="checkbox"/>	Cambodia – World Relief Pursat Province	
<input type="checkbox"/>	Haiti – World Relief Community Development	
<input type="checkbox"/>	India Gospel League – Children’s Gospel Club	
<input type="checkbox"/>	Southeast Asia – Community Relief & Development	
<input type="checkbox"/>	Thailand – House of Blessing	
<input type="checkbox"/>	Domestic – Bhutanese Refugee Assistance	
<input type="checkbox"/>	Domestic – Xenos Free Medical Clinics	
<input type="checkbox"/>	Domestic – U.C. Harambee School Scholarships	
<input type="checkbox"/>	Please allocate my contribution for me	

Attach a voided check or deposit slip here