



# RP Missions

## Automated Contribution Options

First Name:	Last Name:
Address Line 1:	Address Line 2: (if needed)
City:	State:
Zipcode:	
Home Phone:	Cell Phone:
Email Address:	

Please indicate your contribution preference (check a box and list the amount of each gift.

- I wish to make **monthly** gifts to Reformed Presbyterian Missions (RP Missions) in the amount of \$ \_\_\_\_\_ and I authorize RP Missions to make automatic withdrawals from my account. These withdrawals will occur on the 4th day of each month unless it falls on a Saturday, Sunday, or holiday, in which case the withdrawal will occur on the following business day.
- I wish to make **quarterly** gifts to Reformed Presbyterian Missions (RP Missions) in the amount of \$ \_\_\_\_\_ and I authorize RP Missions to make automatic withdrawals from my account. These withdrawals will occur on the 4th day of each month unless it falls on a Saturday, Sunday, or holiday, in which case the withdrawal will occur on the following business day.

Attach Voided Check Here

The Following information **must be completed** for automated contribution plan participants.

Name of Primary Bank	Name of Account
Bank Branch / Location	Bank Phone Number (Optional)
Bank Routing Number	Bank Account Number
Please take my contribution directly from the account specified:	
<input type="checkbox"/> Checking Account (attach a voided check) <input type="checkbox"/> Savings Account (attach a voided check)	

**NOTE:** If you bank at a Credit Union, you must verify with your institution the correct bank routing and account numbers for use with pre-authorized drafts on your account.

- I authorize Reformed Presbyterian Missions to process debit entries as specified above to the account specified above. This authority will remain in effect until I give reasonable notification to terminate this authorization.
- I have attached a voided check.

Signature	Date
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If you have any questions, please contact RP Missions at (724)384-8327 or email at [ProclaimChrist@RPMissions.org](mailto:ProclaimChrist@RPMissions.org).

**Mail this form to RP Missions, 3307 5th Ave., Beaver Falls, PA 15010-3509**