



Electronic Funds Transfer / Direct Debit Setup or Update Form
PLEASE ATTACH A VOIDED CHECK TO THIS FORM

Option 1: I (we) authorize Samaritan Aviation to make **regular/monthly** deductions to my:
 Checking Account Savings Account (select one) for the amount of \$_____.
Deposited on the 5th or 20th (select one) for:
Select one:
 General Fund Missionary: _____
 Fuel for Life Not listed: _____

Option 2: I (we) authorize Samaritan Aviation to make a **one time donation** from my:
 Checking Account Savings Account (select one) for the amount of \$_____.
Deposited on the 5th or 20th (select one) for:
Select one:
 General Fund Missionary: _____
 Fuel for Life Not listed: _____

My account information is as follows:

Customer's Name (as it appears on bank account): _____
Bank Name (branch): _____
City _____ State _____ Zip _____
Routing Number _____ Account Number _____

This authorization will remain in force and effect until Samaritan Aviation has received written notification from me (or either of us) of its termination. In case we need to contact you with any questions, please fill out your contact information below.

Name _____ Phone _____
Address _____ Email _____
Signature _____ Date _____

Mail To:
Samaritan Aviation
P.O. Box 20697
Mesa, AZ 85277