

## SUPPORTING GRACE IS EASY

Today many donors are choosing to support their favorite causes via credit card or EFT's. It's easy and secure.

Simply print and send this completed form to:

Grace Christian University  
Attention: Advancement Department  
1011 Aldon St SW  
Wyoming MI 49509

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**OPTION 1:** Credit card (Automatic monthly charge)

Please charge \$ \_\_\_\_\_ per month to my:

Visa  MasterCard  Discover Monthly Withdrawal date:  20th

I understand that my account will be debited at the time my authorization is received and thereafter on the 20<sup>th</sup> of each subsequent month.

Name on card: \_\_\_\_\_

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_ / \_\_\_\_ Security code: \_\_\_\_\_  
Signature \_\_\_\_\_

**OPTION 2:** Electronic funds transfer (EFT) (Automatic monthly bank account withdrawal)

Amount per month: \$ \_\_\_\_\_  Savings Account  Checking Account

Account number: \_\_\_\_\_

Routing number: \_\_\_\_\_

You can obtain your routing (ABA) number and account number by looking at one of your checks or by calling your financial institution.

Monthly withdrawal date:  10th  25<sup>th</sup> Signature: \_\_\_\_\_

I understand that my account will be debited at the time my authorization is received and thereafter in each subsequent month on the date I have selected.

I authorize Grace Christian University and the financial institution named to charge my account each month the amount shown above (this includes my authorization for Grace Christian University to reverse any charges made in error). This authority will remain in effect until I give written notice to cancel it. I understand all changes to this agreement take three to six weeks to be processed.