

Lutheran Bible Translators Automated Contribution Plan

Getting started with our Automated Contribution Plan is easy ... there are no additional charges.

1. Complete the form below with your personal and account information.
2. Read the agreement that follows and then sign and date your form.
3. Return the completed form with one of the following:
 - a. EFT from checking - enclose a voided check (no deposit slip).
 - b. EFT from savings - enclose a savings deposit slip.
 - c. Credit Card - please provide your credit/debit card information on the form.

EFT contributions will be processed on or after the 8th of each month.
Credit Card contributions will be processed on or after the 20th of each month.

Agreement for Automated Contribution Plan Applicants

This agreement will remain in effect until:

- EITHER 1) I write a note or call Lutheran Bible Translators telling them to end this agreement, and they have had a reasonable amount of time to act on it;
- OR 2) Lutheran Bible Translators or my bank sends me 10 days written notice that this agreement will end.

In the event of an error, I have the right to tell my bank to reverse any transfer. However, I must tell them in writing within 15 days of the bank statement or within 45 days after the transfer was made.

I understand and agree that my bank is responsible for the accurate and timely posting of my transferred gift(s). In the event of an amount or double posting error, I will handle this problem directly with Lutheran Bible Translators.

For more information call LBT Gift Records at 1-800-532-4253, or 1-660-225-0810, or email giftrec@lbt.org.

I authorize LBT to activate the following electronic transaction each month

Please Print:

Name _____

Street _____

City _____ ST ____ ZIP _____

Phone _____

Please use my contribution(s) for the following LBT missionaries or project funds:

A. _____ \$ _____

B. _____ \$ _____

C. _____ \$ _____

Make the monthly deduction from my:

Checking account (*enclose a voided blank check*)

Savings account (*enclose a savings deposit slip*)

Credit Card

Print name as it appears on card: _____

_____ Account number

_____ Expiration date

I have read, understand and agree with the information above.

Signature _____ Date _____