

Orion Center  
P.O. Box 1733, 1163 S. Hwy 5  
Camdenton, MO 65020

## EFT - Electronic Funds Transfer

EFT is a method of supporting Orion Center through a monthly debit done electronically from the donor's checking or savings account. It is appropriate for donors who give the same amount each month for ongoing support or specific projects.

Advantages to the Donor: It is safer, cheaper and more convenient than sending monthly checks. Checks can get lost or stolen in the mail which can lead to identity theft. There is no cost for checks and stamps. Once established, the process is automatic and requires no further time and effort from the donor. The donation is taken care of, even if the donor is traveling or on vacation.

Advantages to the Orion Center: Donations are received timely and reliably. Automatic transfers provide the center with a reliable flow of income.

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It is easy to do: Just complete the Authorization Agreement and return it with a voided check or your next donation. If it is received before the 3<sup>rd</sup> or 15<sup>th</sup> of the month, it can begin that month. The monthly debit can only be done on the 3<sup>rd</sup> or 15<sup>th</sup> of each month. It could occur a few days later if there is a weekend or bank holiday involved or if your bank is slow in debiting your account. However, it will not occur prior to those dates. You will see a debit on your bank statement each month. Donations can be stopped or changed easily with a note or by e-mail. The system is very safe. In the unlikely event that an error occurs, it will be promptly corrected.

Thank you for considering this safe, convenient and cost effective method of supporting your missionaries. If you have any questions, please don't hesitate to contact this office.

Bill Mundhausen  
Chairman

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Toll Free: (866) 938-ORION

# Authorization Agreement for Automatic Debits of Donations

I/We hereby authorize Orion Center in Camdenton, MO, to initiate a monthly debit entry in the amount of \$\_\_\_\_\_ to the account at the financial institution named below, and authorize the institution to debit the below named account for the same. This authorization is to remain in full force and effect until I/we notify Orion Center in writing to terminate the deduction.

NAME OF DONOR(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ ZIP CODE \_\_\_\_\_

FINANCIAL INSTITUTION \_\_\_\_\_ BRANCH \_\_\_\_\_

ROUTING # \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

(Circle one) **Checking** **Savings** YOUR DAYTIME TELEPHONE # \_\_\_\_\_

Please designate the monthly donation to the following projects:

Description: General Operating Fund	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

ON WHAT DAY DO YOU WANT THE MONTHLY DEBIT TO OCCUR? (Circle one) **3<sup>rd</sup>** or **15<sup>th</sup>**

IN WHAT MONTH DO YOU WANT THE MONTHLY DEBIT TO BEGIN? \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\*\*SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\*\*Two signatures are required if the account requires two signatures on checks or withdrawals.

**IMPORTANT! PLEASE ENCLOSE A VOIDED CHECK OR, IN THE CASE OF A SAVINGS ACCOUNT, A DEPOSIT SLIP. THANK YOU!**