



South America Mission

SAMdirect

An easy, convenient method of providing your financial gifts

- * **SAMdirect** is a way to give that will save time and money for you and South America Mission.
- * **HOW IT WORKS** - On the 5th of each month (or shortly thereafter) your gift will be electronically transferred from your bank account. We will mail a receipt three times a year for your records.
- * **HOW IT HELPS** - You save time, money and the hassle of having to remember to write out and mail a check each month. SAM knows your support will arrive on the same day every month, which helps us budget and stay focused on ministry. We also save time and money processing receipts.
- * **HOW TO GET STARTED** - Just fill out the attached form, then return it and a voided check with your next regular contribution to:

South America Mission, 5217 S. Military Trail, Lake Worth, FL 33463

BENEFITS of SAMdirect

For You

1. Convenience of check free giving.
2. No more hunting for the previous receipt and reply envelope.
3. Easy to change the amount of gift or stop altogether.
4. No forgetting support contributions.
5. No need to mail anything.
6. Can still give an extra gift or respond to a special need by check anytime.

For South America Mission

1. Saves time on opening mailed gifts, bank deposits, and data entry.
2. Saves printing costs and mailing costs of sending monthly receipts.
3. Provides consistent cash flow.

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBITS
(ACH DEBITS)

SOUTH AMERICA MISSION
Tax ID Number 59-0661279

I (we) hereby authorize South America Mission hereinafter called SAM, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our):

please select one:

_____Checking Account _____Savings Account
indicated below at the financial institution named below, to debit and/or credit the same to such account.

FINANCIAL INSTITUTION _____

BRANCH _____

CITY _____

STATE _____ **ZIP** _____

TRANSIT/ABA NO. _____

ACCOUNT NO. _____

TRANSFER AMOUNT \$ _____

MISSIONARY NAME _____

This authority is to remain in full force and effect until SAM has received written notification from me (or either of us) of its termination in such manner as to afford SAM and the financial institution named above a reasonable opportunity to act on it.

NAME(S)* _____

DATE _____

SIGNED _____

SIGNED _____

PHONE (daytime) _____

*Two signatures are required for account in joint names.

Please return this form and a voided check to:

SOUTH AMERICA MISSION
5217 South Military Trail
Lake Worth, FL 33463
561-965-1833