

**Long Beach Rescue Mission
Electronic Funds Transfer**

I/we authorize Long Beach Rescue Mission to transfer \$_____ each month from my/our

(check one):

Credit Card Checking Account Savings Account

Name: _____

Address: _____

City/State/Zip: _____

Daytime phone: _____

Transfers to be made on the 5th or 20th of each month

For credit card: Visa MasterCard American Express Discover

Credit card number: _____ Expiration date: _____

For checking/savings accounts

Bank name: _____

Branch location: _____

Account number: _____

This agreement is to remain in effect until Long Beach Rescue Mission has received written notification from me (or one of us) of its termination in such time and in such manner as to afford Long Beach Rescue Mission a reasonable opportunity to act on it.

Signature _____

Date _____

Note: For bank drafts, please remember to include a voided check for bank account verification.

Return this form to:

Long Beach Rescue Mission
P.O. Box 1969
Long Beach, CA 90801
(562) 591-1292