

Introducing: The Direct Giving Plan

In response to many requests, we are pleased to offer the *Direct Giving Plan*. With the *Direct Giving Plan* you can have your monthly contribution to International Outreach Ministries (IOM) made automatically from your existing checking or savings account.

The Direct Giving Plan Will Help You in Several Ways:

First, the *Direct Giving Plan* saves time and postage-no more checks to write, and no more postage stamps! Further, you can give in a consistent and timely manner, even if you are out of town or on vacation! You never have to worry about a lost or misplaced check. And finally, it is easy to start and easy to cancel.

Here's How Direct Giving Works:

You authorize, in writing, regularly scheduled contributions to International Outreach Ministries to be made from your checking or savings account.

You designate the missionaries, ministries and projects to whom you are giving. Then, just sit back and relax. Your contributions will be made automatically on the 5th day of every month. And proof of the contribution will appear on your next bank statement. IOM will mail you a receipt at the end of the year.

The authority you give to charge your account will remain in effect until you notify us in writing to terminate the contribution, or the distribution instructions. **You must notify us at least 10 days before the debit date (which is currently the 5th of every month). Please limit change requests to 2 per year.**

The *Direct Giving Plan* is dependable, flexible and easy. To take advantage of this service, complete the attached authorization form and return it to us with a voided check.

If you have any additional questions about the *Direct Giving Plan* please call us at 601-684-0558. ■

Authorization for Direct Giving

I authorize *International Outreach Ministries* and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it. I agree to notify International Outreach Ministries with any changes in the amount or distribution of the entries 10 days before my account is charged.

Name of Financial Institution

Branch

City

State

Zip Code

Signature

Date

Name-Please Print

Address

City

State

Zip Code

Account Number (Please indicate whether Checking or Savings)

Financial Institution Routing Number (the numbers on the bottom left of your check)

Contribution Amount & Distribution Instructions

(Please complete below. Also, complete duplicate copy on other side.)

Beginning the month of _____, year _____ (debits are entered on the 5th day of every month) please debit funds from my account and distribute to the following missionaries and/or ministry projects:

_____ Amt _____
 _____ Amt _____
 _____ Amt _____
 _____ Amt _____

_____ Amt _____
 _____ Amt _____
 _____ Amt _____
 _____ Amt _____

Monthly Total:

Staple Voided Check Here ▲

