



Credit/Debit Card Automatic Donations

Instructions: Fill out this form. Print it, sign it, and mail it to us. If you have questions, please call (317) 881-6751.

***=Required Field** (Information as it appears on your credit statement)

*Name:

*Address:

*City: *State: *Zip:

*Phone: Email:

(Check One) Visa MasterCard Discover

*Credit/Debit Card Account #: *Expiration Date:

Missionary/Project Number Amount per month (US \$)

TOTAL PER MONTH \$:

*Please transfer my gift on the 5th or 20th of each month. (Check One)

I hereby give permission to my bank to transfer the above amount each month to OMS International, Inc. I understand that this authorization will remain in effect until I send a signed, written request to OMS International, Inc. asking to change or end this agreement.

*Signature _____ *Date:

Please make a copy of this page for your records.

Return completed signed form to:
OMS International (Finance Dept. Att: Jerry)
PO Box A, Greenwood, Indiana 46142-6599

Contributions to OMS International are administered and disbursed under the supervision of the Board of Trustees. Surplus funds are occasionally transferred from one account to another based on need and the relationship between the missionaries and projects. Such transfers will be approved by the OMS administration and will be under the control of the Board of Trustees.

This agreement will remain in effect until 1.) I write a note to OMS International telling them to end this agreement, and they have a reasonable amount of time to act on it. Or, 2.) OMS International sends me a 10-day written notice that they will end this agreement. A record of my gifts(s) will be included in my bank/credit card statement. I will receive from OMS International, a year-end receipt listing my total giving. In the event of any error, including amount or double-posting error, I will handle this problem directly with OMS International.