

Giving Through Electronic Funds Transfer or Credit Card

- You have the option of making monthly contributions to **all areas of New Life Solutions** through Electronic Fund Transfer or by authorizing charges on your credit card.
- You maintain control of the amount and designation of your donation. **New Life Solutions** will make any of the following changes upon receipt of written notice:
 - Changes in donation amount or designation
 - Cancellation of your donation
 - Changes in bank or credit card account information

How to get started with Electronic Funds Transfer option:

1. Complete the enrollment form below with signature and date.
2. Enclose a **voided** check. **Deposit slips are not acceptable.** Only your check gives us the necessary information to set up a transfer.
3. Include your next month's support check as it will take a few weeks for the EFT to start. Remember, you select your start date.
4. Mail your support check, voided check and completed enrollment form to:
New Life Solutions, 1910 East Bay Dr., Largo, FL 33771

How to get started with Credit Card option:

1. Complete the enrollment form below.
2. Remember to check either one-time or monthly gift option.
3. Sign and date your enrollment form. Send completed form to:
New Life Solutions, 1910 East Bay Dr., Largo, FL 33771

Questions:

- If you have any questions or concerns regarding electronic transfers, please contact us at **727-216-1402 ext. 505** or email valh@newlifesolutions.org

Our Commitment to You:

- We desire to be good stewards of what God has entrusted to us. Our commitment to God and you, the donor, is evidenced by our membership in the Evangelical Council for Financial Accountability (ECFA). This seal of approval reflects that an organization has implemented sound counting practices as well as provided internal and external safeguards misuse of contributions

Credit Card Authorization	
I authorize New Life Solutions to charge my credit card for:	
<input type="checkbox"/> One-time Gift	
<input type="checkbox"/> Monthly Gift: (choose one) <input type="checkbox"/> 1st <input type="checkbox"/> 15th	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Exp. Date _____  V-Code: _____	
Card Number _____	
Signature: _____	
Name _____	
Address _____	
City _____ St. _____ Zip _____	
New Life Solutions	\$ _____
Shepherd's Village	\$ _____
Breath of Life	\$ _____
Designated: _____	\$ _____
Total donation amount: \$ _____	

Electronic Funds Transfer	
Please make the following monthly deduction from my checking account:	
<input type="checkbox"/> New EFT Applicant <input type="checkbox"/> Changes in EFT	
<input type="checkbox"/> Voided Check Enclosed Amount: \$ _____	
I prefer the monthly transfer date of: <input type="checkbox"/> 1st <input type="checkbox"/> 15th	
To start the month of: _____	
New Life Solutions	\$ _____
Shepherd's Village	\$ _____
Breath of Life	\$ _____
Designated: _____	\$ _____
Total donation amount: \$ _____	
Terms of Agreement: I authorize New Life Solutions to charge my bank account in the amount indicated. This authorization shall remain in effect until I provide written notice outlining my wishes to terminate or change this Electronic Funds Transfer.	
Signature: _____	