



SAT-7[®] Monthly Bank Account Donation

For Your Convenience (optional)

www.sat7usa.org



*Satellite Television Transforming the Middle East
through Hope in Jesus Christ*

Donor Bank Information:

Bank Name _____

Bank Phone _____

Routing no. _____

Acct. number _____

Account Type:

Checking - Attach a voided check

Savings - Attach a deposit slip

I authorize my bank to transfer the below amount from my checking/savings account to SAT-7 each month. This authority is to remain in full force and effect until SAT-7 has received written notification from me for its termination in such time and in such manner as to afford SAT-7 and Depositor Bank a reasonable opportunity to act on it. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law.

Donor Signature _____ Date: _____

Please divide my gift in this way:

Airtime and Programming \$ _____

Other: _____ \$ _____

Where Needed Most \$ _____

Total amount to transfer \$ _____

My name _____

Address _____

City _____

State _____ Zip _____

Telephone _____

E-mail _____

Signature _____

Date _____

I would like the monthly bank-account transfer done on the following date: 10th 24th

RETURN TO: SAT-7 • ACCOUNTING • P.O. BOX 2770 • EASTON, MD 21601 • 1-866-744-SAT7 • FAX 410-770-9807