



Christian Satellite Television by and for the people of the Middle East and North Africa

SAT-7®

www.sat7.org



A higher standard. A higher purpose.

Monthly Bank Account Donation

For Your Convenience (optional)

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 above amount from my checking/savings account to SAT-7 each month. This authority is to remain in full force and effect until Company has received written notification from me for its termination in such time and in such manner as to afford Company 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