



Automated Deductions

I _____ hereby authorize FRIENDS OF EMOYENI to automatically debit my checking account # _____ for the amount of \$ _____ on a monthly basis.

I would like my contribution deducted from my checking account on the _____ (1st or 15th) of each month. The first deduction should be pulled in _____ (choose what month).

In addition to sending this signed authorization, I have also enclosed a voided check from my bank, which allows FRIENDS OF EMOYENI to start debiting my account. This voided check testifies again to my intention to contribute funds to FRIENDS OF EMOYENI on the aforementioned basis.

If there is any problem directly related to the automated deduction, an EMOYENI USA staff member may call me at: _____ to solve the problem.

I understand that if I change my mind, and decide to be taken off of the EMOYENI USA automated payment system, I need to submit this intent in writing to EMOYENI USA, PO BOX 299, W. HYANNISPORT, MA 02672 and should allow EMOYENI USA four weeks to process this request.

Signature: _____

Date: _____

Living Hope for South Africa's Children

Massachusetts Office:
PO Box 299 West Hyannisport, MA 02672 USA

Office: 508.778.9507 · Cell: 774.836.0215

Email: office@emoyeni.org

WWW.EMOYENI.ORG