



Helping Drivers Along Life's Highway

Celebrating over 60 years of ministry!

Dear Friend,

Greetings from Transport for Christ!

Thank you for your support of TFC! We can set up your donation to be withdrawn automatically one time each month from your checking or savings account. This is completely safe, secure, convenient and easy!

Enclosed you'll find a Direct Payment Authorization Form. When you have completed the information, simply attach a voided check from the bank account you want us to use. Then mail the form to:

TFC
P.O. Box 117
Marietta, PA 17547-0117

Our bank will contact your account with a pre-note when the set up process is completed. Your donation will not be removed from your account at that time; however this action will insure that the submitted information is correct.

Banks typically suggest a 5 day waiting period to verify the routing/account information. On the second contact, your donation will actually be processed according to the month you indicate on the form.

The electronic donations are processed on the 1st, 2nd, 3rd, and 4th Wednesday of each month. Please select the week that will be consistently best for you. Be sure to indicate on item C who your TFC Contact is. Ex: General Fund, Ministry Department or Program, Chapel or Chaplain's Name.

Should you wish to alter your giving in any way in the future, please don't hesitate to contact us. Your support will help us fulfill our mission to "lead truck drivers as well as the trucking community to Jesus Christ and help them grow in their faith!"

If you have any questions or need any further assistance, call 717-426-9977 or send an e-mail to donations@transportforchrist.org. Thank you for your part in the ministry of Transport for Christ and the truckers we serve!

Helping Drivers Along Life's Highway,

The Donor Relations Department
Transport For Christ, International

TFC International Office
PO Box 117
Marietta, PA 17547-0117
(717) 426-9977 ♦ (717) 426-9980 fax
www.transportforchrist.org
www.driverswellness.com



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DIRECT PAYMENT AUTHORIZATON

A. Customer Information Name _____

Daytime phone# _____ Email _____

B. Bank/Financial Institution Bank Name _____

Information Address _____

Bank Routing # _____

Account # _____ Checking Savings

C. Authorization Statement: I authorize and request TRANSPORT FOR CHRIST to set up direct payment from my account as indicated on this form on Wednesday during the following week once a month (Please **circle** only one week):

1st Week 2nd Week 3rd Week 4th Week

First month TFC is authorized to begin donation transfer: _____

Donation Amount: \$ _____

TFC Contact Name: _____

Signature _____ Date _____

D. Voided Check: Please attach a **voided** check from the account named above.

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