



Child Sponsorship Agreement Unto, Inc. (USA)

Sponsor's Name: _____
Address: _____
City: _____ State/Province: _____ Zip/Postal Code: _____
Phone: _____ **Email:** _____
Name of child being sponsored: _____
Country (of sponsored child): Dominican Republic Project name: Lighthouse School

Monthly project updates are done via email.

Authorized Payment Information:

I/we authorize Unto, Inc. to initiate debit entries to my/our
_____ CREDIT CARD
_____ SAVINGS ACCOUNT
_____ CHECKING ACCOUNT (attach voided check)
_____ Will send a Monthly Check to Unto, Inc.

Monthly Amount _____
Deduct amount the 1st _____ or 15th _____ of the month as indicated below at the financial institution named below, and to debit the same to such account. I (we) acknowledge that the origination of PAP transactions to my (our) account must comply with the provisions of United States law.

Signature: _____ Date: _____

Financial Institution (for Checking or Savings Accounts)

Name: _____ Branch: _____
City: _____ State: _____
Postal Code: _____
Routing Number: _____ Account Number: _____
(THESE NUMBERS ARE LISTED ON THE BOTTOM OF YOUR CHECK).

Name(s) on bank account: _____

Credit Card Information

Name on credit card: _____
Type of credit card: _____
Credit Card number: _____ Expiration date: _____
Signature of cardholder: _____

This authorization is to remain in full force and affect until Unto, Inc. has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Financial Institution a reasonable opportunity to act on it.

Thank you for your sponsorship support. When this form is completed, please fax or mail it to our office in Grand Rapids. Please feel free to contact me with any questions.

Ellen Birdsall, Director of Child Sponsorship
Email: ellen@untoinc.org

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616-365-0838 . www.untoinc.org