



PLEASE MAIL TO:  
THE MOVEMENT INTERNATIONAL  
PO BOX 769, ST. JOSEPH, MI 49085  
(OR EMAIL THE INFORMATION TO  
OFFICE@THEMOVEMENTINTL.ORG)

I, \_\_\_\_\_, authorize The Movement International, Inc. to debit my checking account once per month in the amount of \$\_\_\_\_\_ to help reach those that have yet to hear the Gospel. This authorization will remain in effect until I notice you of any changes or cancellations to this account.

Name of Financial Institution: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Is this a personal or business account: \_\_\_\_\_

Choose the date you would like for your donations to be withdrawn monthly: \_\_\_\_\_

What you would like your donations to go towards: \_\_\_\_\_

*You can choose how  
you help to finish the  
Great Commission!*

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State and Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



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WWW.THEMOVEMENTINTL.ORG  
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269.348.7022