



## Student Sponsorship Registration

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Church You Attend: \_\_\_\_\_

ID of Student(s) You Would Like to Sponsor: \_\_\_\_\_  
(can be found on the front of the student profile)

**PLEASE CHOOSE ONE:**

I will send my payment by mail to The Rainbow Network each month/year.  
 Please send me a reminder each:  month  quarter  semi-annually  annually

I do not currently participate in the electronic funds transfer program, but would like to. Automatically withdraw my sponsorship payment from my checking account each month.

Withdraw on the  10<sup>th</sup> of each month  24<sup>th</sup> of each month

(Note: If the 10th or 24th of the month falls on a weekend or a bank holiday, your withdrawal will occur on the following business day.)

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

Address of Financial Institution: \_\_\_\_\_

Amount to Withdraw: \$ \_\_\_\_\_

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

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

Account Type:  Checking  Other

NAME	0123
ADDRESS	01-2345-6789
CITY, STATE, ZIP	
DATE	_____
PAY TO THE ORDER OF	\$ _____
BANK NAME	DOLLARS
ADDRESS	
CITY, STATE, ZIP	
FOR	
⑆0⑆23456789⑆	⑆0⑆234567890⑆23⑆
Routing Number	Account Number

Please sign and return this form along with a voided check from your checking account (if choosing automatic withdrawal).

**I hereby authorize Rainbow Network and the financial institution named to charge my account the amount shown above each month. This also includes my authorization for Rainbow Network to correct any charges made in error.**

Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE MAIL COMPLETED FORM TO:**

**The Rainbow Network  
2840 E Chestnut Expy, Ste A  
Springfield, MO 65802**