



The Nicaragua Needs Fund Registration

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Church You Attend: _____

PLEASE CHOOSE ONE:

I will send my payment by mail to The Rainbow Network each: month quarter semi-annually annually.

Please send me an email 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 10th of each month 24th 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⑆2345678⑆0⑆234567890⑆23⑆0⑆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**