



NICS/Oasis Automatic Donation Service



Network of International Christian Schools/Oasis International Schools, Inc. (NICS/Oasis) offers a convenient way to make your monthly donations. Your donation can be deducted from your bank account and automatically forwarded to NICS/Oasis. We offer this transaction twice each month – around the 5th of each month or around the 20th of each month. Please indicate your preference below. Please call 1-800-887-6427 ext. 105 or fax (662)796-1840 if you have any questions or ever need to make a change to this request.

To sign up, simply complete this form, sign and date it, and return it to NICS/Oasis, **along with a voided check.** **Note:** a deposit slip will not necessarily contain the needed information.

Name _____

Street Address _____

City _____ State _____ Zip _____

Daytime Phone: _____

E-mail Address: _____

(E-mail will be used for NICS/OASIS purposes and will not be shared or sold)

Please deduct from my: Checking _____ or Savings _____

Routing Number (9digits) _____

Account Number _____

Amount of Monthly Donation \$ _____

Month to Begin Automatic Donation _____, 200__ .

Time of month for donation (please check one): 5th – 10th _____ or 20th – 25th _____.

*Automatic withdrawals will stop 2 months after missionary returns from the field OR within 5 days of receiving notification to stop. We will honor any requests to cancel your automatic contributions even while a missionary is still serving on the field.

NICS/Oasis Project or Ministry That I Prefer My Donation Be Used For:

General Operations

Other (Please Specify) _____

I hereby authorize the financial institution I have indicated to deduct money from the account I have specified for the monthly donation amount indicated above. These funds will be forwarded to the NICS/Oasis. I agree that each deduction to my account shall be the same as if I had signed a check. This authority will remain in effect until I notify the NICS/Oasis. In addition, I have the right to stop payment of a donation by notifying my financial institution before the money is deducted. I understand that the Network of International Christian Schools/Oasis International Schools, Inc. reserves the right to terminate this donation payment plan and/or my participation therein.

Signature _____ Date _____

Please mail completed form and a voided check to:

NICS/Oasis
PO Box 1260
Southaven, MS 38671