



Please mail complete form to:  
TEN  
P.O. Box 41372  
Plymouth, MN 55441  
Or email it to: [info@TENministry.org](mailto:info@TENministry.org)

## ACH Donation Form

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

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

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

Donation Type (check the appropriate box):

- Monthly
- One Time

Amount: \_\_\_\_\_

### Authorization

“I authorize Transafrican Education Network (TEN) to deduct the amount indicated above from the account named below. I can cancel this at any tme by writing to TEN at the address or email address above.”

Name of bank of finanacial institution: \_\_\_\_\_

Customer name on checking account: \_\_\_\_\_

Routing number on check: \_\_\_\_\_

Account number on check: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return this form with a voided check.*

Name		
Address		
City and State		
Pay to the		
Order of _____		\$ _____
Bank Name:		
Memo	Routing #	Account #
↓	↓	
123456789	01234567890	001