



# Electronic Giving Form

I authorize my bank to transfer the following amount of money to Redemption: Twin Cities each month.

Start Date	Amount
_____	_____

Circle day of the month that you desire transactions occur:  
1st   5th   10th   15th   20th   25th

Please transfer from:    checking    savings

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

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

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

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

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

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

**Please enclose a voided check and mail to:  
Redemption: Twin Cities, 720 13th Ave. S, Minneapolis, MN 55415**