



Word of Life Fellowship, Inc. Electronic Funds Transfer




Thank you for partnering with us in "Reaching Youth with the Gospel of Christ".

For your convenience, Word of Life can automatically deduct your monthly gifts to our ministry from your savings or checking account. You can save yourself time and money and help us achieve better stewardship of your gifts by saving time and processing costs. No more stamps to lick! No more checks to write! No more checks lost or delayed in the mail. You maintain control of your gift and can change your donation amount or designation just by sending us a written notice.

Enrollment in the EFT program takes between 4 to 5 weeks, so you may also wish to send your gift with this form. When the process is completed, you will receive a letter confirming that Word of Life has enrolled you in this service with the date of your first withdrawal. A record of each withdrawal will appear on your monthly bank statement. If you wish to change or stop your contributions, please let us know in writing. Changes of status to this agreement may take between 3 to 6 weeks to be processed.

Name			
Address	City	State	Zip
Home Phone ()	E-Mail Address		

Start Donation : Month of _____ Terms of Donation: MONTHLY Recurring date: [] 10 th OR [] 20 th of each month Type of Account: [] Savings OR [] Checking Bank Name: _____ Bank Phone: () _____  routing number check # account number Bank Acct #: _____ ABA Routing #: _____	Please use my contributions as follows: \$ _____ Where needed most \$ _____ Missionary or Project: _____ \$ _____ Missionary or Project: _____ (Attach additional sheet if more space is required) \$ _____ Total Monthly Gift <p style="text-align: center;">Please attach a voided blank check or a savings deposit slip with this application.</p>
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By completing and signing this form, I authorize Word of Life Fellowship Inc. to automatically deduct the donation amount from my designated bank account through Electronic Funds Transfer (EFT). This permission to charge my bank account is the same as if I had personally signed a check to Word of Life Fellowship Inc. I understand that this agreement will remain in effect until:

I provide a 30 day written notice to Word of Life to terminate my EFT or if Word of Life or my bank sends me written notice that this agreement will end.

Signature

Date

**** PLEASE MAKE A COPY OF THIS FORM AND RETAIN FOR YOUR RECORDS ****

If you have any questions regarding your EFT, please contact Word of Life.

Word of Life
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