

Application for: Electronic Funds Transfer

I give my bank permission to transfer the following amount from my personal account to pay Faith Evangelical Free Church each month.

Please check one or more that applies:

New EFT Applicant Changes in EFT Reinstate EFT

Name: _____ Bank Name: _____

Address: _____ Bank Phone #: _____

City: _____ Bank Account #: _____

Home Phone #: _____ Routing #: _____

Make the monthly deduction from my
 Checking Account (Enclose a voided blank check)
 Savings Account (Enclose a savings deposit slip)

Please designate my donation as follows:

A. General Fund \$ _____
 B. Making Room Fund \$ _____
 C. _____ \$ _____
 Total monthly deduction will be \$ _____

I prefer the monthly transfer date of:
 10th 20th (Check One)

To start in the month of _____

Agreement for EFT Applicants

This permission to charge my bank account is the same as if I had personally signed a check to Faith Evangelical Free Church. This agreement will remain in effect until:

1. I write a note or call Faith Evangelical Free Church telling them to end this agreement and they have had a reasonable time to act on it. Or,
2. Faith Evangelical Free Church or my bank sends me 10 days written notice that this agreement will end. In the event of an error, I have the right to tell my bank to reverse any transfer. However, I must tell them in writing within 15 days of the bank statement or within 45 days after the transfer was made.

I understand and agree that my bank is responsible for the accurate and timely posting of my transferred gift(s). In the event of an amount or double posting error, I will handle this problem directly with Faith Evangelical Free Church.

I have read, understand and agree with the information above and attached my voided blank check or savings account slip to this form.

Signature _____ Date: _____

Signature of FEFC's Financial Secretary _____ Date: _____