

# Electronic Funds Transfer Form

**Please print legibly.** Fill out and return this form to: The Evangelical Covenant Church, Office of the President, 8303 West Higgins Road, Chicago, IL 60631. Please attach a voided blank check in the space provided below. To set up a monthly credit card gift, visit [CovChurch.org/donate](http://CovChurch.org/donate).

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

E-mail: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

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

Name on the account: \_\_\_\_\_

Account #: \_\_\_\_\_ Routing/ABA #: \_\_\_\_\_

Monthly gift amount: \_\_\_\_\_ Month to start: \_\_\_\_\_

Designation of gift: \_\_\_\_\_  Use where need is greatest

I hereby authorize the Evangelical Covenant Church to automatically withdraw from my checking account the monthly amount stated below. I understand and accept that this will begin in the month I have stated below and will continue until the Evangelical Covenant Church receives written notification from me stating this automatic withdrawal should be terminated. I also recognize that monthly withdrawals will be made during the last week of each month.

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

Please attach a voided check here.