

# Women Ministries of the Evangelical Covenant Church

## Electronic Funds Transfer Form

Please complete the following form and return to Women Ministries at the Evangelical Covenant Church, 8303 W. Higgins Rd., Chicago, IL 60631-2941 along with a voided check attached at the bottom.

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

**Address:** \_\_\_\_\_  
Street City State/Prov. Zip code

**Phone #:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

I hereby authorize the business office of 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 monthly 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** \_\_\_\_\_

### Bank and Account Information

**Bank Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
City State/Prov. Zip Code

**Name on Account:** \_\_\_\_\_

**Account #:** \_\_\_\_\_ **Routing-ABA #:** \_\_\_\_\_

### Giving Information

**Monthly amount to withdraw: \$** \_\_\_\_\_ **Month to start:** \_\_\_\_\_

**Account name/number to credit: Friend of Women Ministries 4030-9010-10-10**

*Please attach a voided check in the space below:*