

Electronic Funds Transfer Form

Instructions: To have your monthly contribution deducted directly from your bank account, fill out and submit this form by mail, email or fax to the Covenant Pension Plan (see above left for address). Please attach a voided blank check in the space provided below. Please print legibly.

Name of church or organization: _____

E-mail: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Bank Name: _____

Name on the account: _____

Routing/ABA #: _____ Account #: _____

Month to start: _____

Name(s) of minister(s) and Pension ID #s: _____

Statement of Authorization. I hereby authorize the Evangelical Covenant Church to automatically withdraw from my checking account the total monthly contributions for the account(s) listed above. I understand and accept that this will begin in the month I indicated above and will continue until the Covenant Pension Plan receives written notification from me stating this automatic withdrawal should be terminated. I also recognize that withdrawals will be made on the 15th of each month or on the first business day after the 15th. I understand that the amount withdrawn each month will be equal to a third of the total amount due for that quarter.

Signature: _____ Date: _____

Title: _____

Please attach a voided check here.