

Electronic Funds Transfer Form

Please print legibly. Fill out and return this form to: The Evangelical Covenant Church, **Office of Advancement**, 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.

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.