

Evangelical Covenant Church
Electronic Funds Transfer Form

Please complete the following form and return to:
ECC-World Mission 8303 West Higgins Road, Chicago IL 60631
Attn: Joel & Kim Delp Missionary Support

Name: _____

Address: _____

Phone: _____

City/State: _____

Zip Code: _____

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 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: _____

Bank and Account Information

Bank Name: _____

Phone: _____

City/State: _____

Zip Code: _____

Name on the account: _____

Acct #: _____

Routing/ABA#: _____

Giving Information:

Monthly amount to withdraw: _____

Month to start: _____

Account name/number to credit: *(your account number and name)*

Please attach a voided check to this space: