

Evangelical Covenant Church
Covenant World Mission
Electronic Funds Transfer Form

Please complete the following form and return to Covenant World Mission at the Evangelical Covenant Church, 8303 W Higgins Rd, Chicago, IL 60631.

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: _____ Julio & Katie Isaza – missionaries _____

Please attach a voided check to this space: