

Evangelical Covenant Church

Covenant World Mission

Electronic Funds Transfer Form

Please complete the following form and return to Serve Globally at the Evangelical Covenant Church, P.O. Box 773420, Chicago IL, 60677-3420

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: