

# Evangelical Covenant Church

## Electronic Funds Transfer Form

Please complete the following form and return to:

ECC-World Mission, Attn: LTM Support, 8303 W Higgins Road, 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: 5150-1010-67-10 Support LTM – Clauson, Nils & Erika**

Please **attach** a voided check to this space: