

Checklist for your records:

- I have filled out all of the information requested.
- I have enclosed a voided check with my authorization to withdraw from my checking account (not necessary for withdrawal from savings).
- I understand that if my enrollment does not reach ECM two weeks prior to the 20th of the month, ECM may not be able to withdraw money from my account that month. Instead, my first withdrawal may begin the following month.
- I further understand that if I wish to change the amount of the withdrawal or the designation I will need to fill out a new form and **if I wish to cancel my Withdrawals completely, I must submit a discontinuation form 30 days prior to my next withdrawal.**

Electronic Funds Transfer



Would you like the convenience of having your gifts to Every Child Ministries automatically withdrawn monthly from your savings or checking account?

ECM offers **Electronic Funds Transfer (EFT)** to donors. If you're interested in this program, read on!

How does the EFT program work?

On the **20th** of each month, your gift to ECM can be automatically withdrawn from your bank account. This withdrawal will appear on your monthly bank statement and you will continue to receive an ECM receipt monthly. If the 20th falls on a weekend or holiday, debit will be made the last business day prior to the 20th.

How do I enroll?

✦ Fill out the enclosed Electronic Funds Transfer Authorization Form. Please be sure to provide all of the information requested. It is necessary in order to process your enrollment.

✦ If your gifts will be withdrawn from a checking account, please **enclose a voided check** from that account, as well as providing your routing and account numbers. (Without the voided check we cannot process your enrollment form.)

✦ If your gifts will be withdrawn from your savings account, you will need to provide us with your routing and account numbers. You will need to obtain those numbers from your bank before enrolling.

✦ It is very important that you include your bank's phone number. This information is helpful should any problems arise when withdrawing a donation from your account.

✦ Return your form to ECM at least two weeks prior to the 20th of the month in order to qualify for that month's debit. Late enrollment (received after that two week mark) may NOT take effect until the following month. (For example, if your enrollment reaches ECM on September 15th, you've likely missed the deadline for the September withdrawal and your first withdrawal will be made in October.)

What if I need to stop my withdrawals?

In order to cancel your withdrawal you must fill out a discontinuation form and submit it to us 30 days prior to the 20th of the month you wish for your donations to end. Contact ECM at 219/996-4201, or you may email the ECM office at ecmafrica@ecmafrica.org to receive a copy of this form.

Once I'm in the program, how do I change the amount of my donation or designations?

To make any changes in the amount of your donation or how you want your gift(s) designated, you will need to fill out a change form for your existing withdrawal. Contact ECM at 219/996-4201, or you may email the ECM office at ecmafrica@ecmafrica.org. The same two week prior to the 20th timeline applies here. Please remember to mention that you participate in ECM's automatic withdrawal program when you call or write.

What if I change banks?

Please let us know immediately if you change banks. You will need to fill out a discontinuation form for your old account **and** fill out a new form for your new account. Discontinuation forms have to be submitted to us 30 days prior to the 20th of the month you wish to cancel and new forms need to be submitted two weeks prior to the 20th of the month you would like your new withdrawals to begin.

Where do I send my completed forms?

Please send your completed Electronic Funds Transfer Authorization Form with account and routing number for savings withdrawal or account, routing number and voided check for checking withdrawal to:

**Every Child Ministries
Attn: EFT Program
P.O. Box 810
Hebron, IN 46341**



Donor account # (for office use only)		email	
Last Name		First Name _____	
Address			
City		State	Zip
Daytime Phone # where you can be reached should we have any questions:			
()		<input type="checkbox"/> Work number	<input type="checkbox"/> Home number
		<input type="checkbox"/> Cell number	

Bank Name	Bank Phone Number						
Please debit my donation from my (check one): <input type="checkbox"/> Checking Account (attach a voided check) <input type="checkbox"/> Savings Account (contact your financial institution for Routing #)	Routing Number _____						
	Account Number _____						
	<table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; width: 33%; text-align: center;">123456789</td> <td style="border: 1px solid black; width: 33%; text-align: center;">123 123456</td> <td style="border: 1px solid black; width: 33%; text-align: center;">0001</td> </tr> <tr> <td style="text-align: center;">Routing Number</td> <td style="text-align: center;">Account Number</td> <td style="text-align: center;">Check Number</td> </tr> </table>	123456789	123 123456	0001	Routing Number	Account Number	Check Number
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Routing Number	Account Number	Check Number					

Date of first donation: ____ / ____ / ____ Withdrawals will be made on the 20th of each month.* <small>*Forms submitted to ECM two weeks prior to the 20th will begin that month. Forms turned in after two-week cutoff will begin the following month.</small>	Fund designations and amounts: <input type="checkbox"/> Where Needed Most \$ _____ <input type="checkbox"/> Child Sponsorship (specify child name & number below) \$ _____ <input type="checkbox"/> Missionary (specify below) \$ _____ <input type="checkbox"/> Project (specify below) \$ _____ Total Monthly Deductions \$ _____
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AGREEMENT

I authorize Every Child Ministries and Centier Bank to process debit entries to my account. I understand that this authority will remain in effect until I provide written 30 day notification to Every Child Ministries to terminate the authorization.

Authorized Signature _____

Date: _____

email address _____

Please check below any that you would like to receive by e-mail:

- African Jewels e-magazine (monthly) Prayer calendar (monthly)
- International Director, Mark Luckey's personal newsletter
- To be notified of updates to Int'l Director's blog Insider Scoop (Slave Child proj.)

Please staple a voided check to this form