

Every Child Ministries EFT Program

How does the EFT program work?

On the **20th** of each month, your gift to ECM can be automatically withdrawn from your bank account. 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.

- **Checking accounts**-Please **enclose a voided check** as well as providing your routing and account numbers.
- **Savings accounts**- please provide us with your routing and account numbers.
- Please include **your bank's phone number**. This information is helpful should any problems arise.
- 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.

What if I need to stop my withdrawals?

- This must be done 14 days prior to the 20th of the month you wish the change to occur.
- Please call us at 219-996-4201, and you will be sent a discontinue form to fill out and return to us, **OR** email us of your wishes and no form is necessary.

Once I am enrolled, how do I change the amount of my donation or designation?

- This must be done 14 days prior to the 20th of the month you wish the change to occur.
- Please call us at 219-996-4201, and you will be sent a change form to fill out and return to us, **OR** email us of your wishes and no form is necessary.

What if I change banks?

Please let us know immediately.

- Call 219-996-4201 or email us, and we will send you a discontinue form for the old account and a new form to complete for your new account.

Where do I send my completed forms?

Every Child Ministries

Attn: EFT Program

P.O. Box 810

Hebron, IN 46341

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS



Last name: _____ First name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number where you can be reached should we have any questions:

(_____) _____ Please circle: home cell work

Bank name: _____

Bank phone: (_____) _____

Please circle: checking savings

Routing number: _____

Account number: _____

Date of first donation: /20/ **Withdrawals will be made on the 20th of each month**

Funds designations and amounts: Please check which one and enter amounts

- Where Needed Most \$ _____
 - Child Sponsorship Please Specify _____ \$ _____
 - Missionary Please Specify _____ \$ _____
 - Project Please Specify _____ \$ _____
- Total Monthly Deductions: \$ _____

Agreement

I authorize Every Child Ministries and Centier Bank to process debit entries to my account. I understand that this authorization will remain in effect until I provide written 14 day notification to Every Child Ministries to terminate the authorization.

Authorized Signature: _____ Date: _____

Email address: _____

Checklist:

- **I have filled out all the information requested**
- **I have enclosed a voided check with my authorization to withdraw funds**