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On the 20th of each month, your gift to ECM can be automatically withdrawn from your bank account.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