

## Electronic Funds Transfer Authorization Form

### Donor Information

Donor Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Daytime phone number where we can reach you if we have any questions:

( ) \_\_\_\_\_

- This is my work number.  
 This is my home number.

### Bank Information

Your Bank's name \_\_\_\_\_

Full address \_\_\_\_\_

\_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

- The withdrawals will be made from my checking account

My checking account number is : \_\_\_\_\_

**I am enclosing a voided check with this form.**

- The withdrawals will be made from my savings account

My savings account number is : \_\_\_\_\_

My bank's routing number is : \_\_\_\_\_

**Date of my first withdrawal:** \_\_\_/15/\_\_\_ . (Remember, in order to begin the EFT on the date you indicate here, God of Wonder Ministries needs to have received this form at least a month in advance, by the 15<sup>th</sup> of the previous month.)

**DONOR DESIGNATIONS AND AUTHORIZATIONS  
REQUIRED ON REVERSE SIDE**

# Electronic Funds Transfer

■ **God of Wonder Ministries, Int'l**

