

## ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION

NAME: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ACCOUNT INFORMATION: **Please attach a voided check. Do not use a deposit slip.**

MONTHLY CONTRIBUTION: \$ \_\_\_\_\_ FOR THE MINISTRY OF: \_\_\_\_\_

MONTH TO BEGIN EFT: \_\_\_\_\_ TRANSFER ON: 5TH 20<sup>TH</sup> (circle one)

I authorize a monthly Electronic Funds Transfer to World Reach, Inc. in the amount indicated above from my account and financial institution listed on the attached voided check. I agree that each debit of my account shall be the same as if I had signed a check. This authorization will remain in effect until I notify World Reach, Inc. in writing to stop this EFT. I understand that World Reach, Inc. reserves the right to stop this EFT plan and/or my participation therein without notice.

**Once completed, mail to: World Reach PO BOX 26155, BIRMINGHAM, ALABAMA 35260**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_