

Electronic Fund Transfer

I authorize my financial institution to transfer the amount listed below from my account to Awana each month. This authority will remain in effect until I provide written notice to cancel this agreement. I understand that all changes of status to this agreement take three to six weeks to be processed.

Personal Information Name _____
Address _____
City _____ State _____ Zip _____
Email Address (*donation receipts will be emailed*) _____

Donation Amount Please use my contribution(s) for the following Awana ministry or ministries:

- Missionary (name) _____ \$ _____
- Reach a Child – global ministry \$ _____
- Where needed most \$ _____
- Total monthly withdrawal \$ _____

Payment Method Please make monthly deductions from:

- Checking account: *Please include voided check or provide account/routing information*
- Savings account: *Please include deposit slip or provide account/routing information*

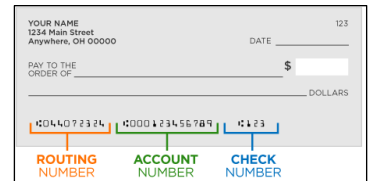
Account Number: _____

Routing Number: _____

- Credit/Debit card

Account Number: _____

Exp: ____/____ Security code (3- or 4- digit code on back of card): _____



Payment Date Monthly withdrawal date 1st 15th

Payment Agreement and Authorization *Important- we cannot process without your signature!*

- I understand and agree with the information on electronic funds transfers.

Signature _____ Date _____

Thank You for your commitment to reach kids for Christ!

Mailing Information Please return this signed form to:

Awana
Accounting Department EFT
P.O. Box 987
Streamwood, IL 60107