

# 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:

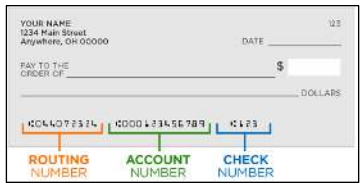
Missionary (name) \_\_\_\_\_ \$ \_\_\_\_\_  
 Reach a Child – global ministry \$ \_\_\_\_\_  
 Where needed most \$ \_\_\_\_\_  
Total monthly withdrawal \$ \_\_\_\_\_

**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