

ELECTRONIC FUNDS TRANSFERRED

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

PHONE: _____

I (we) hereby authorize Cornwall Church to initiate debit entries to my (our) checking/savings account. Below are my (our) bank routing number and bank account number to debit.

BANK ROUTING NO. _____

BANK ACCOUNT NO. _____

This agreement is to remain in full force and effect until Cornwall Church has received written, email, or online, notification from me (or either of us) of termination or modification of the agreement is such time and in such manner as to afford Cornwall Church and its bank a reasonable opportunity to act upon in.

MY OUR CONTRIBUTION WILL BE MADE AS FOLLOWS:

\$ _____ TOTAL PER MONTH, ELECTRONICALLY TRANSFERRED ON...

- THE 5TH DAY OF EACH MONTH
- THE 20TH DAY OF EACH MONTH
- TWICE MONTHLY *(in equal parts on both the 5th & 20th of month)*

BEGIN MY (OUR) EFT ON: _____

SIGNATURE: _____ DATE: _____