

Messiah's Outreach- Electronic Funds Transfer Form

Please complete this form in its entirety and return to:
 Messiah's Outreach
 Attn: EFT Program
 PO Box 230
 Wheaton, IL 60187

Last Name: _____
First Name: _____
Start Date: _____
For MO Staff Use Only

1. Donor Information:

Name	Home/Cell Phone
Street Address	Work Phone
City, State, Zip	Email Address

2. Bank Information:

Bank Name	Bank Phone
Street Address	City State Zip

I would like withdrawals made from my:

Checking Account*:

Account Number: _____

Routing Number: _____

*please enclose a voided check with this form

Savings Account:

Account Number: _____

Routing Number: _____

Date of first withdrawal: _____/20/_____ Messiah' Outreach must receive this form at least two weeks before the indicated start date to allow for processing)

3. Designation Information:

Missionary or Project:

Amount per month:

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

Total Monthly Deductions: \$ _____

**** I will be giving monthly until I notify Messiah's Outreach to stop my automatic withdrawals****

I/we hereby authorize Messiah's Outreach to transfer this amount shown from the indicated account on the 20th of each month (or on the next business day, if the date falls on a weekend or holiday).

 Donor Signature (both signatures required on joint account)

 Date

 Donor Signature (both signatures required on joint account)

 Date