

# ELECTRONIC FUNDS TRANSFER



## ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

### DONOR INFORMATION

Donor Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Daytime phone number where we can reach you if we have any questions:

(\_\_\_\_) \_\_\_\_\_

### BANK INFORMATION

Your Bank's name \_\_\_\_\_

Full Address \_\_\_\_\_

Phone number (\_\_\_\_) \_\_\_\_\_

The withdrawals will be made from my checking account  
My checking account number is: \_\_\_\_\_  
**I am enclosing a voided check with this form**

The withdrawals will be made from my savings account  
My savings account number is: \_\_\_\_\_  
My bank's routing number is: \_\_\_\_\_

**Date of my first withdrawal:** \_\_\_\_/15/\_\_\_\_.

(Remember, in order to begin the EFT on the date that you indicate here, Josiah Venture needs to have received this form at least a month in advance, by the 15<sup>th</sup> of the previous month.)

## DONOR DESIGNATIONS AND AUTHORIZATION

Choose One:

I will be giving gifts monthly until I notify Josiah Venture NFP to stop the EFT

OR

I will be giving monthly until \_\_\_\_\_  
(date of last withdrawal)

Please designate my gift monthly as follows:

For: Paige Crawford in Slovakia Amount: \_\_\_\_\_

**I/we hereby authorize Josiah Venture, NFP to transfer this amount shown from the indicated account on the 15<sup>th</sup> of each month (if the date falls on a weekend or holiday, on the next business day).**

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**Donor signature (both signatures required on joint account)**

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**Donor signature (both signatures required on joint account)**

**Return to:  
Josiah Venture  
Attn: EFT Program  
P.O. Box 4317  
Wheaton, IL 60189-4317**