



ELECTRONIC FUNDS TRANSFER APPLICATION

> I give my bank permission to transfer the following amount from my personal account to pay Joy El

Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Phone # _____

Please distribute my contribution in this way:

1. _____ \$ _____

2. _____ \$ _____

Monthly Total \$ _____

☐ New EFT applicant ☐ Changes in EFT ☐ Reinstate EFT

Bank Name: _____

Branch Phone #: (_____) _____ - _____

Routing #: _____

Bank Statement Account #: _____

Take my deduction from my:

☐ Checking account (voided blank check enclosed)

☐ Savings account (savings deposit slip enclosed)

☐ Deduct from my account: (circle one)
monthly quarterly semi-annually annually

Transfer start date: ____/____/____

(allow 30 days to begin.)

Signature below: I have read, understand, and agree with the information on this application. I attached my voided blank check or savings deposit slip.

_____ **Date:** _____