



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: _____