



Evangelical Presbyterian Church
17197 North Laurel Park Drive, Suite 567
Livonia, MI 48152
Phone: 734-742-2020 Fax: 734-742-2033

ELECTRONIC GIVING (EFT) AUTHORIZATION FORM

(Electronic transactions to be posted on the 20th of each month)

Please fill in the following information, sign and mail to the **Financial Manager** at the address listed above. Include a voided check with your form.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

BANK NAME _____

BANK ROUTING NUMBER (9 DIGITS) _____

CHECKING ACCOUNT NUMBER _____

I hereby authorize the Evangelical Presbyterian Church to deduct the following amount(s) as donations for the missionaries or benevolence funds listed below:

MISSIONARY:

MONTHLY AMOUNT:

Dave and Rivers Partin Account #255 \$ _____

Please debit the Checking account listed above on the 20th of each month. This authority is to remain in full force and effect until the Evangelical Presbyterian Church has received written notification from me for its termination in such a time and manner as to afford the Evangelical Presbyterian Church and the bank named above a reasonable opportunity to act upon it. I understand that for drafts returned for insufficient funds (NSF), my account will be charged \$25.00.

SIGNATURE _____ DATE _____

PLEASE ATTACH A VOIDED CHECK TO THIS FORM

