



ELECTRONIC FUND TRANSFER (EFT) AUTHORIZATION FORM

To initiate ACH contributions to Covenant Mercies, please complete and sign the form below.

Section A: Account You Would Like To Transfer Funds From

Financial Institution Name: _____

Account Type: Checking Savings

Account Number: _____

Routing Number _____ (the first 9 digits on the bottom left of your check)

Phone Number: _____ Email: _____

Section B: Transfer Information

Monthly Orphan Sponsorship Contribution to Covenant Mercies \$ _____ (# of sponsored children x \$35)

General Contribution \$ _____

= **Total Transfer \$ _____ (amount to be transferred on the 5th of each month)**

(Please allow up to five business days for your initial transfer request to be processed by the bank).

Section C: Voided Check or Deposit Slip

TO COMPLETE THIS REQUEST, PLEASE ATTACH ONE OF THE FOLLOWING:

1) A voided check from your checking account, OR 2) A deposit slip from your savings account (if available)

Section D: Authorized Signature(s)

Printed Name

Signature

Date

**Only one signature is required for joint accounts.*

By signing above: I (we) hereby authorize Covenant Mercies to withdraw the stated amounts by initiating debit entries to my (our) account at the financial institution indicated in this agreement. I understand that this authorization will remain in effect until I notify Covenant Mercies or my financial institution in writing in such time and manner as to afford Covenant Mercies and my bank reasonable time to act on it.