

The Family
WEMI 91.9 FM / WEMY 91.5 FM / WGNV 88.5
Electronic Fund Transfer (EFT) Form

I wish to authorize The Family WEMI / WEMY / WGNV (Evangel Ministries, Inc) to issue an electronic fund transfer from my account for the amount listed below on a monthly basis for deposit into their account.

Donor Name(s) _____ **Donor Id #** _____
Address _____ (if known)
City/State/Zip _____
Phone Number Day Time (____) _____ Night Time (____) _____

Bank Information: Account Type (Check One): Checking _____ Savings _____

Bank Routing # _____

Bank Account # _____

IF THIS IS FROM A CHECKING ACCOUNT PLEASE BE SURE TO INCLUDE A VOIDED CHECK SHOWING THE ACCOUNT NUMBER AND ROUTING NUMBER SPECIFIED ABOVE.

IF THIS IS FROM A SAVINGS ACCOUNT VERIFY THE ROUTING NUMBER AND ACCOUNT NUMBER FROM YOUR BANK TO ENSURE THE INFORMATION IS CORRECT.

Bank Name _____
Address _____
City/State _____ Phone (____) _____

Monthly Transfer Amount \$ _____ **starting (month/year)** _____ **20** _____

I understand that the amount above will be withdrawn automatically on 10th of the month or next business day after the 10th until notice is received by The Family to stop. Please notify us 7 days prior to the withdraw date for any change to be made.

Signature: _____ **Date:** _____

___ If wish to receive only a year-end tax receipt not a monthly thank you letter

Please return this form with your voided check or savings account information.
Mail to: Lori, Accounting Assistant, 1909 W Second St, Appleton, WI 54914

Please be assured that your account information is kept strictly confidential. Please feel free to contact Lori, Accounting Assistant, with any questions or changes at 800-236-9364ext1010.

Thank you for your Support!