

Outreach

Community Ministries

Restoring Hope, Providing Opportunities
373 S. Schmale, Ste 102, Carol Stream, IL 60188 (630) 682-1910
www.outreachcommunityministries.org

Electronic Funds Transfer (EFT) Authorization

I / We authorize **Outreach Community Ministries** to deduct funds from my/our checking/savings account as follows:

\$_____ each **month** (\$25 minimum per month) on the 15th day of the month,

OR

\$_____ each **quarter** (\$50 minimum per quarter) on the 15th day of September, December, March and June

This authorization will remain in effect until Outreach Community Ministries has received written notification that it is to be adjusted or cancelled

All Names on Account (please print):

Signature(s):

Account Type: Checking Savings

Bank Name _____

Bank Phone _____

Account Number _____

Routing/Transit Number _____
9-digit number printed on bottom left of check, deposit or withdrawal slip.

Please enclose a voided check or withdrawal slip with this form.

Contact Information:

Address _____

City _____ State _____ Zip _____

Phone Number (Cell) _____

Phone Number (Cell) _____

Email _____

Email _____

Mail to: Outreach Community Ministries
Attn: Gloria Villagrana, Database Specialist
373 S. Schmale Rd, Ste 102
Carol Stream, IL 60188

Scan and Email To: Gloria Villagrana, Database Specialist
gvillagrana@outreachcommin.org

Your investment in the transforming programs at Outreach Community Ministries is most appreciated. Thank you!