



ECMI-USA
P.O. Box 181
West Unity, OH 43570-0181

AGREEMENT FOR ELECTRONIC FUNDS TRANSFER (EFT) OF DONATIONS

PERSONAL INFORMATION Date _____

Name _____

Address _____

Phone number _____

Cell phone number _____

Email address _____

BANK INFORMATION

Name _____

Address _____

ID number (routing number) _____

Account number _____

Account type checking savings

Amount to withdraw _____ Start Date _____

Frequency:

Weekly (Thursday) Quarterly (1st of each quarter)

Monthly (on or about) 10th 30th

Preferred for support of the ministry of:

General Fund

Missionary Name: _____

Where most needed

Receipt: US postal service email (please include address above)

I give permission to European Christian Mission International USA to directly withdraw donations from my bank account as given above.

Signed: _____

Date _____