# Resourcing Christian Education International

## Electronic Funds Transfer Form

Last Name: _____

First Name: _____

Start Date:

**For RCE Int'l Staff Use Only**

Please complete this form in its entirety and return to:

RCE International
Attn: EFT Program
PO Box 4528
Wheaton, IL 60189-4528

**1. Donor Information:**

| Name | Phone Number |
|---|---|
| Street Address | Phone Type<br>☐ Home ☐ Work ☐ Cell |
| City, State, Zip | Email Address |

**2. Bank Information:**

| Bank Name | | Bank Phone | |
|---|---|---|---|
| Street Address | City | State | Zip |

I would like withdrawals made from my:

☐ Checking Account*:
Account Number: _____
Routing Number: _____
*please enclose a voided check with this form

☐ Savings Account:
Account Number: _____
Routing Number: _____

Date of first withdrawal: _____/10/_____
(Remember, all withdrawals occur on the 10th of each month, and RCE Int'l must receive this form at least two weeks before the indicated start date to allow for processing)

**3. Designation Information:**

| Missionary or Project: | Amount per month: |
|---|---|
| _____ | $_____ |
| _____ | $_____ |
| _____ | $_____ |
| _____ | $_____ |
| _____ | $_____ |
| Total Monthly Deductions: | $_____ |

Choose One:

☐ I will be giving monthly until I notify RCE Int'l to stop my automatic withdrawals
☐ I will be giving monthly until _____/10/_____ (date of last withdrawal)

I/we hereby authorize Resourcing Christian Education International to transfer this amount shown from the indicated account on the 10th of each month (or on the next business day, if the date falls on a weekend or holiday).

_____ _____
Donor Signature *(both signatures required on joint account)* Date

_____ _____
Donor Signature *(both signatures required on join t account)* Date