



Evansville Christian School
Equipping Leaders for the Next Generation

**Authorization Agreement for Donations Through
Automatic Monthly Bank Account Transfers**

Name _____ Phone (____) _____
(please print)

Address _____

City _____ State _____ Zip Code _____

Amount Per Month \$ _____ (minimum \$10)

Withdrawal Date: 5th 21st (on this date or next business day thereafter)

Type of Account: Checking Savings

Name of Financial Institution _____

Address of Financial Institution _____

Account Number _____

Desired Use of Funds

- Area of Greatest Need
- Answering the Call* Expansion Project
- Worthy Servant's Fund
- Financial Assistance Program
- Other (call to discuss options)

Thank You
for helping
us

Please attach a voided check from checking account or a deposit slip from savings account.

I (we) hereby authorize Evansville Christian School to initiate debit entries to my (our) account as described above. This authorization is to remain in effect until the School has received written notification from me (or either of us) of its termination in such time and manner to afford Evansville Christian School reasonable opportunity to act on it.

Signature(s) _____ Date _____

_____ Date _____