



# EQUIPPING PASTORS INTERNATIONAL

## Electronic Funds Transfer Authorization Form

### Donor Information

Donor Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

### Bank Information

Bank Name \_\_\_\_\_

Bank Routing No. \_\_\_\_\_ Bank Account No. \_\_\_\_\_

**Please enclose a voided check with this form**

### Donor Designations and Authorization

Please designate my monthly gift as follows:

List EPI Staff/Project	Amount Per Month
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Monthly Deductions	\$ _____

Date of my first withdrawal: 15<sup>th</sup> of \_\_\_\_\_ (month)

Choose one:

- ☐ I will be giving gifts monthly until I notify EPI to stop the EFT
- ☐ I will be giving monthly until \_\_\_\_\_ (date of last withdrawal)

**I authorize Equipping Pastors International, Inc. to transfer this amount on or around the 15<sup>th</sup> of each month.**

\_\_\_\_\_  
Donor Signature

Return to: Equipping Pastors International, Inc.  
c/o Diana Hill, Treasurer  
8007 Waterglow Ct.  
Orlando, FL 32817