



EQUIPPING PASTORS
INTERNATIONAL

Electronic Funds Transfer
Authorization Form

Donor & Bank Information

Donor Name _____ Phone _____

Address _____ City, State, Zip _____

Email: _____

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
<u>Ray & Michele Call</u>	\$ _____

Date of my first withdrawal: 15th 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 15th of each month.

Donor Signature

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