

CheckFree

Electronic Funds Transfer Enrollment Authorization Form

I hereby authorize Water of Life to transfer the amount listed on this form from my account as per the scheduled requested. This authority will remain in effect until I provide notice in writing to cancel this agreement. I understand that this cancellation request must be made at least 10 days prior to the next scheduled transfer.

To submit by mail: Print this form, complete the information requested, sign, and mail to: Water Of Life, PO Box 2022 ,Fallbrook, CA 92088

To submit by email: Print this form, Complete, sign(signature required),then scan and e-mail this form to : phillipsfrank65@gmail.com

Name & Address Information

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

E-mail address: _____

How does CheckFree Work? EFT provides a simple and convenient method for your planned giving. By filling out the attached form, you authorize automatic payments from your bank account to Water of Life at your preferred frequency. Your bank or credit card statement will include these payments, and you will continue to receive a record of your gifts to Water of Life..

Is there a risk in making an EFT Payment? No. An electronic contribution is safer than writing a check; it can't be lost, stolen or destroyed in the mail. Electronic contributions also have a high accuracy rate.

Can I change the amount of my gift? You can change the amount of your gift at any time by simply completing a form and either sending it *via mail* or by *e-mail*.

***Signature is required for all transactions.**

CheckFree

ENROLLMENT & AUTHORIZATION

Transfer Frequency

Transfer my donation of \$_____ to Water of Life as follows:

- On the first of every month
- On the 15th of every month
- Other frequency: _____

Date of first withdrawal: _____

Please specify who/project the funds are for: _____

Method

- Checking** **Savings**

(Please include voided check / or include bank info :see picture on last page))

Bank Name: _____

Bank Address: _____

City/State/Zip: _____

Account Name: _____

Account #: _____

ABA Bank Routing# : _____

- Credit Card**

Visa MasterCard Discover Amex.

Account #: _____

Expiration Date: _____

Signature (required for all transactions) _____

Example of location of ABA Routing Code
(Bank Identification number) and customer
Bank Account Number

Joe Smith	NO. 203
101 Somewhere Street	DATE _____
Anywhere, USA 12345	
PAY TO THE ORDER OF _____	\$ _____
_____	DOLLARS
FOR _____	
⌘ 123456789 ⌘	⌘ 1234567890 ⌘ 203
ABA Routing Code	Account Number