




8115 N. Knoxville Ave.  
Peoria, IL 61615-2135  
www.richwoods.org  
309-691-5252

**Tim Barnes**, Executive Pastor  
tbarnes@richwoods.org  
**Wilma Steidley**, Treasurer  
wsteidley@sbcglobal.net

## Authorization of Electronic Funds Transfer

This giving option uses electronic funds transfer to provide you with a timely, accurate and convenient method for making contributions.

With automated contributions, you can eliminate the hassles of postage, mail delays and check writing and be assured of timely receipt of contributions.

- With automated contributions, you can eliminate the hassles of postage, mail delays and check EFT Automatic Drafts work just like auto bill payment. It gives you the reliability and safety of knowing your contributions are made automatically. 
- Monthly gifts will be debited from your account the 5th of each month.
- To enroll, simply complete the authorization below, attach a voided check and mail to the church office.

-----  
**INSTRUCTIONS:** Complete the form below only if you wish to enroll in this program. Attach an unsigned, voided check from the account to assist in verifying data. You will receive confirmation via email in advance of the first withdrawal from you account.

I (we) further authorize Richwoods Christian Church to initiate credits to my (our) account to correct any errors, and "Institution" to initiate any such corrections to my (our) account. This authority is to remain in full force and effect until Richwoods Christian Church and "Institution" have received written notification from me (or either of us) of its termination in such time and in such manner as to afford Richwoods Christian Church and "Institution" a reasonable opportunity to act on it prior to withdrawing from the account.

X \_\_\_\_\_  
Your Signature(s)

\_\_\_\_\_  
Institution Account Number

\_\_\_\_\_  
Your Printed Names(s)

\_\_\_\_\_  
Institution Routing Number

\_\_\_\_\_  
Your Email Address (required for confirmation)

\_\_\_\_\_  
Institution Name & Phone Number

\_\_\_\_\_  
Your Phone Number(s)

\_\_\_\_\_  
Institution Address

\_\_\_\_\_  
Amount Deducted (monthly)

\_\_\_\_\_  
Date of first Withdrawal