

Electronic Transfer Check

For Zuni Christian Reformed Mission

Name:
Address:
Phone:

Date of Authorized First Payment:

Month: _____
On 15th or 30th (or first business day thereafter)
Year: _____

Pay to the Order of (Please Circle One):

- Zuni Christian Mission School
Use this account for School Operation or Capital Campaign
 Zuni Christian Reformed Church
Use this account for Church Operation

Frequency of withdraw:

_____ Monthly _____ Quarterly
_____ Annually _____ 1X Payment

Amount of Payment \$

I hereby authorize my bank to transfer from my bank account to the account of the payee the amount indicated above. This authorization will remain in effect until I notify the payee in writing. I will receive a record of my payment and it will appear on my regular statement.

This Electronic Form will authorize funds to be withdrawn from my account beginning on the date above.

Bank Account Information:

Bank Name: _____
Nine Digit Routing # _____
Bank Account # _____

Designation:

_____ School
_____ Church
_____ Capital Pledge
_____ Other _____

Please enclose one voided check with the completed Electronic Transfer Check.

Authorized Signature

Date:

Please mail form to: Zuni Christian Mission
Box 445
Zuni, NM 87327