

Electronic Funds Transfer

E-check, ACH / Authorization Form

Donor Name _____
Address _____
City _____ **State** _____ **Zip** _____
Phone Number _____ **Email Address** _____

Your receipt will be delivered electronically. If you'd prefer a paper copy of your receipt, check the box.

One-Time Gift

Gift Date (mo/day/year) _____
Gift Amount _____
Gift Preferred for _____

Monthly Gift

Start Date (mo/day/year) _____
End Date (mo/day/year) _____
can be left blank
Gift Amount _____
Gift Preferred for _____

Quarterly Gift

Start Date (mo/day/year) _____
End Date (mo/day/year) _____
can be left blank
Gift Amount _____
Gift Preferred for _____

Annual Gift

Start Date (mo/day/year) _____
End Date (mo/day/year) _____
can be left blank
Gift Amount _____
Gift Preferred for _____

Bank Name _____
Bank Account Type (Checking/Savings) _____
Bank Account Number _____ **Routing Number** _____

I authorize Wycliffe Bible Translators to use this information to charge my bank account according to these instructions. I know that if I need to change or terminate this transaction I can do so by calling 1-800-992-5433 or emailing eft_orlando@wycliffe.org

Signature

Date

Please submit the completed form by emailing to eft_orlando@wycliffe.org or mailing to PO Box 628200, Orlando, FL 32862. If you have questions, call us at 1-800-992-5433.

ADVDES4088

Wycliffe[®]

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1-800-WYCLIFFE
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