

Josiah Venture, NFP - Electronic Funds Transfer Form



Please complete this form in its entirety and return to:

Josiah Venture
 Attn: EFT Program
 PO Box 4317
 Wheaton, IL 60189-4317

| |
|------------|
| Last Name |
| First Name |
| Start Date |

For JV Staff Use Only

1 Donor Information:

| | |
|------------------|-----------------|
| Name | Home/Cell Phone |
| Street Address | Work Phone |
| City, State, Zip | Email Address |

2 Bank Information:

| | | | |
|----------------|------------|-------|-----|
| Bank Name | Bank Phone | | |
| Street Address | City | State | Zip |

I would like withdrawals made from my:

Checking Account*

Account Number

Routing Number

** please enclose a voided check with this form*

Savings Account

Account Number

Routing Number

Date of first withdrawal /15/

! (All withdrawals occur on the 15th of each month, and Josiah Venture must receive this form at least two weeks before the indicated start date to allow for processing.)

3 Designation Information:

| Ministry/Project # | Missionary Ministry or Project Description: | Amount per month: |
|----------------------|---|-------------------------|
| <input type="text"/> | <input type="text"/> | \$ <input type="text"/> |
| <input type="text"/> | <input type="text"/> | \$ <input type="text"/> |
| <input type="text"/> | <input type="text"/> | \$ <input type="text"/> |
| <input type="text"/> | <input type="text"/> | \$ <input type="text"/> |
| <input type="text"/> | <input type="text"/> | \$ <input type="text"/> |
| <input type="text"/> | <input type="text"/> | \$ <input type="text"/> |

Choose One:

- I will be giving monthly until I notify Josiah Venture, NFP to stop my automatic withdrawals
- I will be giving monthly until /15/ (date of last withdrawal)

I/we hereby authorize Josiah Venture, NFP to transfer this amount shown from the indicated account on the 15th of each month (or on the next business day, if the date falls on a weekend or holiday).

| | |
|--|---------------|
| _____ Donor Signature (both signatures required on joint account) | _____ Date |
| _____ Donor Signature (both signatures required on joint account) | _____ Date |