



EFT – ELECTRONIC FUNDS TRANSFER
AUTHORIZATION AGREEMENT

Please complete this form and mail or fax to:
 WELS Church Extension Fund, Inc.
 N16W23377 Stone Ridge Drive
 Waukesha WI 53188-1108
 Fax: 262.522.2801

I hereby authorize WELS Church Extension Fund, Inc. to initiate credit entries to the checking or savings account located at the depository institution named below. If necessary, a debit entry may be initiated for correction only.

Please type or print clearly

Bank Depository Name: _____

Bank Depository Address: _____

City: _____ State: _____ ZIP: _____

Depository Phone Number: _____ Contact Name: _____

ABA/TRN#: _____ Account #: _____

Print Name: _____ Joint Name: _____

Signature: _____ Signature: _____

Account Name _____

Savings Checking Date: ____ / ____ / ____

PLEASE ATTACH A VOIDED CHECK
 (A deposit slip will not be accepted)

Certificate No. _____

Loan No. _____