



# WELS Church Extension Fund

Wisconsin Evangelical Lutheran Synod

## **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. \_\_\_\_\_