



WELS Church Extension Fund

Wisconsin Evangelical Lutheran Synod

EFT – ELECTRONIC FUNDS TRANSFER **AUTHORIZATION AGREEMENT**

Please complete this form and mail, email, or fax to:

WELS Church Extension Fund, Inc.

N16W23377 Stone Ridge Drive

Waukesha WI 53188-1108

Email: cef@wels.net WELS Safe site upload: wels.net/safe

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)