



<b>Elk River House of Prayer ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM</b>		
<b>FOR OFFICE USE ONLY ES14957</b>	<b>DONOR #</b>	<b>DATE</b>

Effective date of authorization: \_\_\_\_\_  
 Type of Authorization Form:  
 New Authorization       Change banking information  
 Change donation amount       Discontinue electronic donation  
 Change donation date

# Electronic Funds Transfer for monthly automatic withdrawals

Please include this card along with your voided check and mail to:

**Elk River House of Prayer  
PO Box 191  
Elk River, MN 55330**

**To support Jeff & Laura Evensen monthly  
as Intercessory Missionaries, please use  
account number: JLE0002**

Last Name	First Name	
Address		
City	State	Zip
Email Address		

Please debit my donation from my (check one):  
 Checking Account (attach a voided check)  
 Savings Account (contact your financial institution for Routing #)  
 Routing Number: \_\_\_\_\_  
*Valid Routing # must start with 0, 1, 2, or 3*  
 Account Number: \_\_\_\_\_

<b>Date of first donation:</b> ____/____/____
<b>Day of month:</b> (check only one) <input type="checkbox"/> Monthly on the 1st <input type="checkbox"/> Monthly on the 15th

<b>Partnership Donation amount:</b>			
<input type="checkbox"/> One Thing	\$7.00	<input type="checkbox"/> Joseph	\$100.00
<input type="checkbox"/> Anna	\$25.00	<input type="checkbox"/> Daniel	\$300.00
<input type="checkbox"/> Bethany	\$50.00	<input type="checkbox"/> Cyrus	\$1000.00
<input type="checkbox"/> Other	\$ _____		

Designation  
 Support for Intercessory Missionary: JLE0002  
 General Funds (Account Number)

**AGREEMENT**

I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_