



Electronic Funds Transfer Application

Welcome to Electronic Funds Transfer ("EFT") for donations to the Francis Asbury Society. If you would like to have a fixed amount withdrawn monthly from your checking or savings account in support of our ministry, please complete this form and return it **along with a voided check** to the Francis Asbury Society, PO Box 7, Wilmore, KY 40390. Thank you very much.

1. Your Name(s) _____
2. Your Mailing Address _____
City _____ State _____ Zip _____
3. Home Phone (____) _____ E-mail address _____
4. Please use my monthly contribution(s) for the following FAS ministries:
(Please note the dollar amount for the specific ministry/account that you desire to support.)

\$ _____

\$ _____

\$ _____
Total monthly deduction will be \$ _____
5. Name of My Bank _____
City _____ State _____
6. Bank Phone Number (____) _____ (if available)
7. Please make the monthly deduction from my:
(Please enclose a voided check, not a deposit slip)

Checking Account

Savings Account
8. I prefer the monthly transfer date of (please select from these two options):

10th of month _____
25th of month
9. Please make my first withdrawal effective in the month of _____ and continue until I notify you otherwise.

I have read, understand, and agree with the information above.

Signature _____ Date _____