Electronic Funds Transfer

E-check, ACH / Authorization Form

Donor Name	Bank Name
Address	
	Routing Number
City State	
Zip	Bank Account Type (Checking/Savings)
Phone Number	
E-mail Address	Bank Account Number
Your receipt will be delivered electronically. If you'd prefer a paper copy of your receipt, check the circle.	I authorize Wycliffe Bible Translators to use this information to charge my bank account according to these instructions. I know that if I need to change or
One-Time Gift	terminate this transaction I can do so by calling 1-800-992-5433 or e-mailing eft orlando@wycliffe.org.
Gift Date (mo/day/year)	
Gift Amount	
Gift Preferenced for	Signature Date
Monthly Gift	(Typing your name, date and submitting this form via e-mail to eft_orlando@wycliffe.org is acceptable.)
Start Date (mo/day/year)	cn_onandog nyemelorg is acceptable.)
End Date (mo/day/year) / can be left blank	
Gift Amount	
Gift Preferenced for	
Quarterly Gift	Annual Gift
Start Date (mo/day/year)	Start Date (mo/day/year)
End Date (mo/day/year) / can be left blank	End Date (mo/day/year) / can be left blank
Gift Amount	Gift Amount
Gift Preferenced for	Gift Preferenced for



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