

# Giving to EFCCL By Automatic Withdrawal

## How it Works...

If you sign up, EFCCL's bank can withdraw your donation from your bank account on the 2nd and/or the 16th of each month. Your withdrawal then appears on your monthly bank statement and the tax-deductible contribution statement from EFCCL at the end of the year.

## How to Enroll...

1. Return this form by the 20th of the month to begin the automatic withdrawals by the next month.
2. Attach (staple) a voided check to this form if your selected account is a checking account OR provide us with your routing and account numbers if you are going to use your savings account. You can obtain these numbers from your bank.
3. Be sure to include your bank's phone number to ensure that our bank can contact your bank if any problems arise with the withdrawals.
4. Either drop off at the church office or mail the completed form to:

Evangelical Free Church of Crystal Lake  
575 E. Crystal Lake Avenue  
Crystal Lake, IL 60014  
ATTN: Bookkeeping

## How to Make Changes or Stop Your Withdrawals...

Simply notify the church bookkeeping office by calling 815-459-1095, or email [bookkeeper@efccl.org](mailto:bookkeeper@efccl.org) by the 20th of the month to make changes or stop withdrawals for the next month.

## AUTOMATIC WITHDRAWAL ENROLLMENT FORM

### Your Information (Please print)

Your Name \_\_\_\_\_  
Address \_\_\_\_\_  
City / State / Zip \_\_\_\_\_  
Daytime Phone \_\_\_\_\_

### Bank Information (Please print)

Bank Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Bank Address \_\_\_\_\_  
City / State / Zip \_\_\_\_\_

I would like to have an Automatic Withdrawal on the **2nd** of each month designated as follows:

General Fund \_\_\_\_\_  
Building Fund \_\_\_\_\_  
Benevolent Fund \_\_\_\_\_  
Total: \_\_\_\_\_

I would like to have an Automatic Withdrawal on the **16th** of each month designated as follows:

General Fund \_\_\_\_\_  
Building Fund \_\_\_\_\_  
Benevolent Fund \_\_\_\_\_  
Total: \_\_\_\_\_

I want to activate this Automatic Withdrawal beginning: Month \_\_\_\_\_ Year \_\_\_\_\_

Please select:

Checking Account: (Attach voided check or provide the routing number and account number)

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Savings Account:

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

I hereby authorize EFCCL or its agents, to transfer the amount listed above from the indicated account on the specified date(s) each month or if the day falls on a weekend or holiday, on the next business day.

\_\_\_\_\_  
Donor's Signature