

EFT Authorization Form

Use this form to authorize automatic monthly donations (debits) from your checking account towards the project(s) listed at the bottom of this form.

I _____ (your name) authorize Cornerstone International to debit the checking account shown on this form or on the attached, voided check, in the amount written below. I understand that I am in full control of my payment and that this agreement will remain in full force and effect until both Cornerstone International AND my bank have received instruction from me to terminate or change the EFT service.

Signature: _____ Date: _____

Bank Name: _____

Bank Address: _____

Bank City/State/Zip: _____

***FILL IN NUMBERS BELOW or ATTACH VOIDED CHECK**

Account #: _____ Routing #: _____

Project for automatic donation: _____

Amount to debit each month: \$ _____

Month to begin: _____

Day of the Month: ___1st/mo ___5th/mo ___10th/mo ___15th/mo ___17th ___25th/mo

Name: _____

Address: _____

City/State: _____

Zip: _____

Phone: (____) _____ Email: _____

*Please print and complete this form and return to our office by mail or email (info below). We are happy to answer your questions - call the office or email Carla, carla@cornerstoneinternational.org Thank you!



cornerstone
international

po box 192

wilmore KY 40390-0192

carla@cornerstoneinternational.org

1-800-859-4578