

**Please print and complete this form and return to our office by mail or email (info at bottom of page). Questions? Call the office or email Carla (info at bottom of page.) Thank you!*

EFT AUTHORIZATION

I _____ (your name) authorize Cornerstone International to debit the checking account shown below 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 written notification from me to terminate or change the EFT service.

Signature: _____ Date: _____

AMOUNT to debit each month for **Guardian Project** : \$ _____
_____ Project: \$ _____
(other)

Month to begin: _____ **Day of the month:** __1st __5th __10th __15th __17th __25th

*FILL IN NUMBERS BELOW OR ATTACH VOIDED CHECK

Routing #: _____ Account #: _____

RECEIPT INFO

Name: _____ Email: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

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