

# Application for Electronic Funds Transfer

**I give my bank permission to transfer the following amount from my personal account to pay Project Amazon each month. I understand that I may cancel or change this arrangement at any time by notifying Project Amazon in writing.**

Name \_\_\_\_\_

Bank name \_\_\_\_\_

Address \_\_\_\_\_

Bank Phone number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bank ABA (9 digit number on lower left of check)

Home Phone (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

Bank account number \_\_\_\_\_

Please use my contribution(s) for the following  
Project Amazon missionaries or project funds:

Make the monthly deduction from my

Checking account (**enclose a voided blank check**)

Savings account (**enclose a savings deposit slip**)

\_\_\_\_\_ \$ \_\_\_\_\_

Please make my transfer on the 25<sup>th</sup> starting in the

\_\_\_\_\_ \$ \_\_\_\_\_

month of \_\_\_\_\_ Year \_\_\_\_\_

Total monthly deduction will be \$ \_\_\_\_\_

Please send receipts  monthly or  annually

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mail this form to:**

**Project Amazon, PO Box 4327, Apopka FL 32704**