



## E-Giving Program Enrollment Form

If you would like to enroll in Servant Partners' E-Giving Program (EFT), please complete this enrollment form and return it to the Servant Partners office along with a voided check.

Name \_\_\_\_\_

Address \_\_\_\_\_

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

I want to enroll in the E-Giving Program, Servant Partners' electronic funds transfer program. My voided check is enclosed. I authorize my bank to transfer to Servant Partners each month the amount shown below. Please use my contribution for Servant Partners workers or projects listed below, and transfer my gift on the **03<sup>rd</sup>** or **018<sup>th</sup>** of each month (*please check one*) **beginning** \_\_\_\_\_ (*month and year*).

\_\_\_\_\_ \$ \_\_\_\_\_ (Office use \_\_\_\_\_ )

\_\_\_\_\_ \$ \_\_\_\_\_ (Office use \_\_\_\_\_ )

\_\_\_\_\_ \$ \_\_\_\_\_ (Office use \_\_\_\_\_ )

**Monthly total:** \$ \_\_\_\_\_

Terms of agreement: My authorization to charge my account in the amount indicated above at my bank shall be the same as if I had personally signed a check to Servant Partners. My E-Giving Program enrollment shall remain in effect until I notify Servant Partners in writing that I wish to end this agreement, which I may do at any time. A record of my gift will be included in my regular bank statement. I will be receipted by Servant Partners for tax purposes. I acknowledge that the origination of ACH (Automated Clearing House) transactions to my account must comply with the provisions of U.S. law.

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

**Please return this form and a voided check to:**

Servant Partners  
1550 E. Elizabeth St., Suite U-12A  
Pasadena, CA 91104