

# CHAIN OF LOVE *EFT* FORM

**YES! I would like to contribute to the CHAIN of Love ministry of the North American Baptist Conference.**

| GIFT DESIGNATION              | AMOUNT | DESCRIPTION   |
|-------------------------------|--------|---|
| Child Sponsorship             | \$     | \$360 per child/year                                      |
| Operational Expenses          | \$     | Lights, water, transportation etc.                        |
| Education Fund                | \$     |   |
| Other (Please Indicate) _____ | \$     |   |
| <b>Annual Total</b>           | \$     | <input type="checkbox"/> USD <input type="checkbox"/> CAD |

## Financial Institution Information

Financial Institution Name \_\_\_\_\_

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

ABA Transit Number (US only) \_\_\_\_\_

SWIFT Code (Canada only) \_\_\_\_\_

***Please enclose or attach a copy of a check/cheque from this account.***

\*If this is a savings account, you may need to notify your financial institution that you authorize EFT transactions from the account.

**Withdrawals are done on approximately the 15<sup>th</sup> of each month. Quarterly withdrawals will be done on the 15<sup>th</sup> of March, June, September, and December.**

**Funds should be withdrawn: \_\_\_\_\_ monthly  
\_\_\_\_\_ quarterly**

I have read the above and agree to these withdrawals from my account as designated above. I understand I will receive a receipt for each of these designations each time the agreed-upon withdrawal is completed.

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Signature of owner of account

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Signature of joint owner of account

\_\_\_\_\_  
Date

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Telephone number: \_\_\_\_\_

E-mail \_\_\_\_\_



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