

YES, I want to enroll in the Easy Giving EFT Program!!

I authorize my bank to pay InterServe the amount indicated on the day below. This authorization will be the same as if I had personally signed a check and will remain in effect until I notify InterServe that I wish to discontinue the gift.

Donor Partner Number (if known): \_\_\_\_\_

Church Name: \_\_\_\_\_

Contact Person's Name: \_\_\_\_\_

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

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

On the 3<sup>rd</sup>/18<sup>th</sup> (circle one) day of each month beginning \_\_\_\_\_, please debit my account for the following amount:

Partner/Project & Number	Amount
[Drop down list of codes]	\$ _____
[Drop down list of codes]	\$ _____
[Drop down list of codes]	\$ _____
[Drop down list of codes]	\$ _____

(Please attach a list if more space is needed.)

Total Amount: \$ \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please include your blank voided check. (NO deposit slips, please.) # 289

Mail to: InterServe  
Attn: EG Program  
PO Box 418  
Upper Darby, PA 19082-0418