



Electronic Funds Transfer (EFT) Enrollment (MONTHLY PAYMENTS)

Your Opportunity to Give Monthly to: eBlessings by Electronic Funds Transfer (EFT)

I want to give monthly to eBlessings through Electronic Funds Transfer.

My blank, voided check is attached. This authorization is the same as if I personally signed a check. It remains in effect until I notify eBlessings in writing that I wish to discontinue Electronic Funds Transfer.

Minimum monthly deduction is \$5.

Please withdraw this amount \$ _____ monthly on this withdrawal date:

10th of the month 20th of the month

Signature _____ Date _____

Name (as shown on check) _____

Street _____ Phone (____) _____

City _____ State _____ ZIP _____

Return this form to:

eBlessings, P. O. Box 601, Stone Mountain, GA 30086

If you have questions, please call James Allen at (404) 734-7258.

Thank you for your contribution.