

# EFT Change Form

Donor Name _____
<b><i>Please enter only required changes to be made below. All data entered will be changed.</i></b>
New Address _____ City, State, ZIP _____
Change my recurring donation to the <input type="checkbox"/> 5 <sup>th</sup> of each month <input type="checkbox"/> 20 <sup>th</sup> of each month <input type="checkbox"/> 5 <sup>th</sup> & 20 <sup>th</sup>
Change my donation amount to _____
<input type="checkbox"/> Stop transfers until further notice <input type="checkbox"/> Suspend transfers until _____ (mm/dd/yy) <input type="checkbox"/> Reactivate transfers (If more than a year has elapsed, you must reapply.)
<input type="checkbox"/> Change my checking or savings account information (voided check or bank letter required)
<input type="checkbox"/> Change my credit card information Card No. _____ Exp. date _____
Change my debited account type <input type="checkbox"/> from credit card to checking (voided check required) <input type="checkbox"/> to savings (bank letter required) <input type="checkbox"/> from checking/savings account to <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover Card No. _____ Exp. date _____
Change my offering designation to: <input type="checkbox"/> General Tithes and Offerings <input type="checkbox"/> Designated Fund (specify _____ )

I have enclosed a voided check, bank letter, or credit card information. Please transfer my recurring gifts as specified above. I understand that my future donations will be transferred directly from my bank or Credit Card account and that I can change, suspend or terminate my giving at any time by calling the church office.

All transfers originating as Automated Clearing House (ACH) transactions from checking accounts will comply with U.S. Law.

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

Return this completed form and voided check or bank letter (if required) to the church office by mailing or bringing it in a sealed envelope.



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