

Electronic Funds Transfer (EFT) Authorization

Mission:Dignity

Instructions

- Complete the EFT Authorization in ink and retain a copy of the completed form for your records.
- This EFT Authorization is only for Mission:Dignity® contributions and does not apply to any other benefits or services provided by GuideStone®.

1. DONOR INFORMATION

Individual or organization name: _____

Mailing address: _____

City: _____ State: _____ ZIP Code: _____

Daytime telephone: (_____) _____ Email: _____

2. FINANCIAL INSTITUTION INFORMATION

Financial institution name: _____

Mailing address: _____

City: _____ State: _____ ZIP Code: _____

Daytime telephone: (_____) _____ Email: _____

Routing transit number: _____ Account number: _____

Attach a voided check or savings withdrawal slip to this completed authorization.

3. CONTRIBUTION INFORMATION

Monthly contribution (debit) amount: \$ _____ effective the month of: _____

I select the monthly transfer date: 6th 22nd

4. SIGNATURE

I authorize GuideStone to debit the account shown above on the indicated day of each month. If that day falls on a holiday or weekend, GuideStone will debit the account on the next banking day.

This authorization will remain in effect until GuideStone receives notice of EFT termination. GuideStone must receive notice of EFT termination at least 10 days prior to the monthly debit date to allow GuideStone and the financial institution a reasonable amount of time to act upon it.

GuideStone reserves the right to terminate this agreement with 30 days' written notice.

Signature: _____ Date: ____/____/____

If acting on behalf of an organization, please provide the following information:

Name (please print): _____ Title: _____

