



The Missionary Church International

P. O. Box 1761 • Columbia, South Carolina 29202 • 803-799-0502 • Fax: 803.254.7446

ELECTRONIC FUNDS TRANSFER APPLICATION

1. Your Name/s: _____

2. Your Mailing Address: _____

3. City: _____ State: _____ Zip: _____

4. Home Phone: _____ Email: _____

5. Please make a monthly withdrawal from my bank account for the support of the following ministries of TMCI:

General Fund _____

Other _____

TOTAL _____

6. Name of my Bank: _____

City: _____ State: _____

Bank Phone Number: (_____) _____

7. Please make the monthly deduction from my:

____ Checking Account {Please enclose a voided check - NOT YOUR DEPOSIT SLIP}

____ Savings Account {Please enclose a voided check - NOT YOUR DEPOSIT SLIP}

8. I prefer the monthly transfer date of {please select from these 2 options}

____ 10th of the month ____ 25th of the month

9. Please make my first withdrawal effective in the month of _____ and continue until I notify you otherwise.

I have read, understand, and agree with the information above and have attached a **voided check**.
{please do NOT enclose a voided deposit slip}.

Signature Authorization

Date

When completed, please attach voided check and mail to:

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