

CHRIST THE KING
ELECTRONIC FUND TRANSFER FORM

Please Choose One Option:

Option 1: **Semi-monthly** gift of \$ _____ to 1st Collection. **Semi-monthly** gift of \$ _____ to Vision. I understand that this amount will be charged to my bank account on the 1st **and** 15th of each month. All future gifts will be charged directly to my account.

Option 2: **Monthly** gift of \$ _____ to 1st Collection. **Monthly** gift of \$ _____ to Vision. I understand that this amount will be charged to my bank account on the 1st **or** 15th of each month (circle one). All future gifts will be charged directly to my account.

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

SIGNATURE: _____

** Please include a voided check with bank account information on it;
indicate checking or savings.