

# Electronic Transfer Check

For Zuni Christian Reformed Mission

Name:   
Address:   
Phone:

**Date of Authorized First Payment:**

Month: \_\_\_\_\_  
On 15<sup>th</sup> or 30<sup>th</sup> (or first business day thereafter)  
Year: \_\_\_\_\_

**Pay to the Order of (Please Circle One):**

- Zuni Christian Mission School  
Use this account for School Operation  
 Zuni Christian Reformed Church  
Use this account for Church Operation

**Frequency of withdraw:**

\_\_\_\_\_ Monthly    \_\_\_\_\_ Quarterly  
\_\_\_\_\_ Annually    \_\_\_\_\_ 1X Payment

Amount of Payment \$

I hereby authorize my bank to transfer from my bank account to the account of the payee the amount indicated above. This authorization will remain in effect until I notify the payee in writing. I will receive a record of my payment and it will appear on my regular statement.

This Electronic Form will authorize funds to be withdrawn from my account beginning on the date above.

**Bank Account Information:**

Bank Name: \_\_\_\_\_  
Nine Digit Routing # \_\_\_\_\_  
Bank Account # \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date:

**Please enclose one voided check with the completed Electronic Transfer Check.**

Please mail form to: Zuni Christian Mission  
Box 445  
Zuni, NM 87327