

## Cherry Street Mission Electronic Funds Transfer Form

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

I authorize Cherry Street Mission Ministries to draw check or debits for my donations in the amount of \$\_\_\_\_\_ to be taken out:

Monthly  Quarterly

Type of account

Checking  Savings  Other

Account Number \_\_\_\_\_

The financial institution below is hereby authorized to pay and debit the above account:

Name of institution \_\_\_\_\_

Branch \_\_\_\_\_

Bank Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Bank Phone \_\_\_\_\_

1. All amounts payable to Cherry Street Mission Ministries draw on or directed to you by a chartered bank on behalf of Cherry Street Mission Ministries.
2. Your treatment of each debit shall be the same as if the undersigned had personally directed you to pay as indicated and to charge the amount specified to the account of the undersigned.
3. This authorization may be cancelled any time upon written notice.
4. Any delivery of this authorization to you constitutes delivery to the undersigned.

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

**Please print this form, attach voided check, and return to:**

Cherry Street Mission Ministries  
105 17<sup>th</sup> Street  
Toledo, Ohio 43624