

Resourcing Christian Education International Electronic Funds Transfer Form

Please complete this form in its entirety and return to:

RCE International Attn: EFT Program PO Box 4528 Wheaton, IL 60189-4528

First Name:
Start Date:
For RCE Int'l Staff Use Only

Last Name: __

Name	Phone Number
Street Address	Phone Type Home Work Cell
City, State, Zip	Email Address
2. Bank Information:	
Bank Name	Bank Phone
Street Address	City State Zip
I would like withdrawals made from my:	
☐ Checking Account*:	☐ Savings Account:
Account Number:	Account Number:
Routing Number:	Routing Number:
*please enclose a voided check with this form	
3. Designation Information:	
Missionary or Project:	Amount per month:
	\$
	\$
	\$
	\$
	\$
Total Monthly Deductions:	\$
·	\$
·	·
Choose One:	ny automatic withdrawals
Choose One: I will be giving monthly until I notify RCE Int'l to stop m I will be giving monthly until/10/	ny automatic withdrawals (date of last withdrawal) tional to transfer this amount shown from the indicated account
Choose One: I will be giving monthly until I notify RCE Int'l to stop m I will be giving monthly until/10//10//10/	ny automatic withdrawals (date of last withdrawal) tional to transfer this amount shown from the indicated account