



Automatic Bank Withdrawal (EFT)

Please complete this form to start a new monthly EFT or to update bank account information for your current EFT. Thank you for your support of Rainbow Network!

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Church You Attend: _____

Automatically withdraw my donation from my bank account each month.

Withdraw on the 10th of each month 24th of each month

(Note: If the 10th or 24th of the month falls on a weekend or a bank holiday, your withdrawal will occur on the following business day.)

Name of Financial Institution: _____

Amount to Withdraw: \$ _____

Account Number: _____

Routing Number: _____

NAME ADDRESS CITY, STATE ZIP	DATE	0123 01-23456789
PAY TO THE ORDER OF	\$	
BANK NAME ADDRESS CITY, STATE ZIP		DOLLARS
FOR		
⑆0⑆2345678⑆	⑆0⑆234567890⑆23⑆	⑆23
Routing Number	Account Number	

Account Type: Checking Other

Use this donation for: Sponsorship Where Most Needed Other

Please sign and return this form along with a voided check from your bank account.

I hereby authorize Rainbow Network and the financial institution named to charge my account the amount shown above each month. This also includes my authorization for Rainbow Network to correct any charges made in error.

Signature (required): _____ Date: _____

Special Notes or Requests: _____

Mail Completed Form to:

**Rainbow Network
3610 Buttonwood Dr.
Suite 200
Columbia, MO 65201**