

ELECTRONIC FUND TRANSFER FORM

This section to be filled in by applicant

Applicant's Name:

(First name)

(Middle name)

(Last name)

Mailing Address:

City:

State:

Zip:

Enrollment Date:

Signature of Applicant:

Date: / /

Today many donors are choosing to support their favorite causes via credit card or EFT's. It's easy and secure.

Simply print and send this completed form to:

CORENation University

P.O. Box 6403

Sun City Center, FL 33571

☐ **OPTION 1:** Credit card (Automatic monthly charge)

Please charge \$_____ per month to my:

☐ Visa ☐ MasterCard ☐ Discover

Monthly Withdrawal date: ☐ 1st ☐ 15th ☐ 30th ☐ _____

I understand that my account will be debited at the time my authorization is received and thereafter on the 20th of each subsequent month.

Name on card:

Card #:

Exp. Date: ____ / ____ / ____ **Security code:** ____ **Signature:** _____

☐ **OPTION 2:** Electronic funds transfer (EFT) (Automatic monthly bank account withdrawal)

Amount per month: \$_____ ☐ Checking Account ☐ Savings Account

Account number:

Routing number:

You can obtain your routing (ABA) number and account number by looking at one of your checks or by calling your financial institution.

Monthly withdrawal date: ☐ 1st ☐ 15th ☐ 30th ☐ _____

Signature:

I understand that my account will be debited at the time my authorization is received and thereafter in each subsequent month on the date I have selected.

I authorize CORENation University and the financial institution named to charge my account each month the amount shown above (this includes my authorization for CORENation University to reverse any charges made in error). This authority will remain in effect until I give written notice to cancel it. I understand all changes to this agreement take three to six weeks to be processed.