

# Electronic Transfer Check

for Rehoboth Christian School

Name

Address

Phone

**Date of Authorized First Payment:**

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

**Frequency of Withdraw:**  Monthly  Quarterly  
 Annually  1X payment

Pay to the  
Order of: Rehoboth Christian School

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funds to be withdrawn from my  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

Amount of Payment: \_\_\_\_\_ \$

I hereby authorize my bank to transfer from my 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.

**Restrictions on Gift:**

- Use where most needed, no restrictions
- Student Sponsorship
- Capital Project \_\_\_\_\_
- Other \_\_\_\_\_

Bank Name \_\_\_\_\_

Nine Digit  
Bank # : 

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Bank  
: Account # \_\_\_\_\_

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

**Please Enclose One Voided Check with the completed Electronic Transfer Check**