



ELECTRONIC FUNDS TRANSFER — GIVING FORM

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FAX FORM

DATE: ___ / ___ / ___ # OF PAGES: _____
TO: _____ FROM: _____
FAX #: _____ COMPANY: _____

Please complete this form and fax or mail it to our office.

Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: (____) _____ - _____ E-mail: _____
Gift for the Ministry of: Staff person: _____ General Fund Other: _____

Setup a new EFT plan below:

New EFT Partner Effective Date: ___ / ___ / ___
 Amount: \$ _____ Select Frequency: Monthly Bi-Annual One time Other: _____
Date of transfer: 3rd of the month 18th of the month Other _____
DEBIT / CREDIT: Card Number _____
Type of Card (Check one): Visa Mastercard American Express Discover
Expiration Date: (mm/yy) ___ / ___ 3 or 4 digit Security Code: _____
E-CHECK: I have attached a voided check with my account information.

Select changes to your current EFT plan below:

Cancel existing EFT Effective: ___ / ___ / ___ Change EFT Amount to: \$ _____
 Change monthly transfer date to: 3rd of the month 18th of the month Other: _____
 Change Payment Method (Check one): Visa Mastercard American Express Discover E-Check
DEBIT / CREDIT: Change card number _____ - _____ - _____
 Change Expiration Date: ___ / ___ Change 3 or 4 digit Security Code: _____
E-CHECK: I have attached a voided check with my updated account information.

Please sign and date below:

Signature: _____ Date: ___ / ___ / ___

For Office Use Only:

Date Entered ___ / ___ / ___ Entered By _____ Transaction ID _____
Notes: _____