



P. O. Box 1761 • Columbia, South Carolina 29202 • 803-799-0502

ELECTRONIC FUNDS TRANSFER APPLICATION

1. Your Name/s: _____

2. Your Mailing Address: _____
3. City: _____ State: _____ Zip: _____
4. Home Phone: _____ Email: _____
5. Please make a monthly withdrawal from my bank account for the support of the following ministries of TMCI:
General Fund _____
Other _____
TOTAL _____
6. Name of my Bank: _____
City: _____ State: _____
Bank Phone Number: (_____) _____
7. Please make the monthly deduction from my:
____ Checking Account {Please enclose a voided check - NOT YOUR DEPOSIT SLIP}
____ Savings Account {Please enclose a voided check - NOT YOUR DEPOSIT SLIP}
8. I prefer the monthly transfer date of {please select from these 2 options}
____ 10th of the month ____ 25th of the month
9. Please make my first withdrawal effective in the month of _____ and
continue until I notify you otherwise.

I have read, understand, and agree with the information above and have attached a **voided check**.
{please do NOT enclose a voided deposit slip}.

Signature Authorization

Date

When completed, please attach voided check and mail to:

TMCI • P.O. Box 1761 • Columbia, South Carolina 29202