



P. O. Box 1761 • Columbia, South Carolina 29202 • 803-799-0502 • Fax: 803.254.7446

## 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}  
\_\_\_\_ 10<sup>th</sup> of the month    \_\_\_\_ 25<sup>th</sup> 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}.

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**Signature Authorization**

**Date**

*When completed, please attach voided check and mail to:*

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