## Park Christian School has made giving a little easier!

**Electronic Funds Transfer (EFT)** is now available at Park Christian School. This way of giving allows you to make donations on a scheduled, automatic basis. If you are writing checks each month, you will especially appreciate electronic giving. It is convenient for you and provides much-needed and much-appreciated donations to our school!

## How to Get Started...

To set up electronic donations, simply complete the authorization form located at the bottom and return it to our school. Donations can be debited automatically from either a checking or savings account.

Please note there are four fund designations – Operational Expenses, Scholarship Funds, New Campus and Other. Please indicate where you would like to designate your donation.

Any question, contact Karen Ernst (accounting) at 218-422-1122 or kernst@parkchristianschool.org.

| Authorization Form  |   |  |           |
|---|---|--|-----------|
| Business Name: Park Christian School  |   |  |           |
| Your Name:  |   |  |           |
| Address:  |   |  |           |
| City, State, Zip:   |   |  |           |
| Email Address:  |   |  |           |
| I would like to make the foll   | owing contribution (s):   |  |           |
| ☐ Park Pa   | rtner   | \$   | $\neg$    |
| ☐ Renova  |   | \$   | $\dashv$  |
| ☐ Scholar   | ship Funds  | \$   |           |
| ☐ Other:  | •   | \$   |           |
| Total   |   | \$   |           |
| ☐ Monthly on the 20 <sup>th</sup> Checking/Savings  |   |  |           |
| Please debit my (check one):  |   |  |           |
| <ul> <li>☐ Checking account – attach voided check</li> <li>☐ Saving account – attach voided deposit slip</li> </ul> |   |  |           |
| Routing #:  |   |  |           |
| Account #:  |   |  |           |
| Valid routing # must start with   | a 0, 1, 2, or 3   |  |           |
|   | zation to process debit entries to the a<br>de reasonable notification to terminate | bove account. I understand this authore the authorization. | rity will |
| Authorized Signature: Date:   |   |  |           |
|   |   |  |           |