

**ELECTRONIC FUNDS TRANSFER AUTHORIZATION  
(ACH)**

Pleas return this form to:        Sisters of the Immaculate Heart of Mary of Wichita  
  ATTN: Gift Processing  
  145 South Millwood  
  Wichita, Kansas 67213

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_

HOME PHONE: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

I WANT TO TRANSFER \$ \_\_\_\_\_ PER MONTH (minimum \$10.00)

I WANT TO TRANSFER \$ \_\_\_\_\_ PER QUARTER (minimum \$25.00)

DATE OF FIRST DONATION: \_\_\_\_\_

I WOULD LIKE MY GIFT DESIGNATED TO:

\_\_\_\_ Phase One of the Motherhouse: Novitiate

\_\_\_\_ Unrestricted: where it is needed most

I AUTHORIZE THE ABOVE ORGANIZATION TO PROCESS DEBIT ENTRIES TO MY ACCOUNT:

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PLEASE ATTACH A VOIDED CHECK (not a deposit slip) OR A VOIDED SAVINGS DEPOSIT SLIP FOR BANK VERIFICATION.

Please note: This verification remains in effect until revoked in writing ... Thank you!

QUESTIONS? PLEASE CALL (316) 722-9316