



# ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM

By providing the information requested below, you authorize Wesleyan Investment Foundation (WIF) to initiate transfers into and out of your checking or savings account. **This is a free service.** To request a transfer you will need to contact our office by phone or through your *Online Account Access*. Security Questions will be verified when requesting transfers. **Withdrawals from your WIF account to your bank account will usually be available by the next business day.** We recommend that you verify the funds have been received before you draw on them. It is your responsibility to notify WIF in writing if your account changes or if you wish to stop a recurring transaction. WIF is not responsible for any overdraft fees or other charges resulting from an automatic debit.

WIF Account # \_\_\_\_\_ Name(s) on Account \_\_\_\_\_

Phone # \_\_\_\_\_ Alt. Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

Account Holder Signature\* \_\_\_\_\_ Date \_\_\_\_\_

REPLACE OR ADD?  Replace Bank account on file OR  Add Bank Account (maximum of 4 Bank accounts)

## OPTIONAL TRANSFER INFORMATION

<input type="checkbox"/> Transfer <b>FROM</b> your local bank <b>TO</b> WIF OR <input type="checkbox"/> Transfer <b>TO</b> your local bank <b>FROM</b> WIF
Transfer Amount: \$ _____ <input type="checkbox"/> One-Time OR <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly   Beginning Date: _____ Please take into consideration weekends and holidays.

## BANKING INFORMATION

Please attach a check marked void below OR fill in the information below.

Type of Account:  Checking  Savings

Name of Bank \_\_\_\_\_

Bank Routing # \_\_\_\_\_

Account # \_\_\_\_\_

Name on Account \_\_\_\_\_

Name on account must be same as WIF account holder. Third party transfers are not permitted.

***\*This form is not valid unless signed.***

**Please return form via email (info@wifonline.com), fax (317.774.7321), or mail (below).**