

EFT AUTHORIZATION FORM

Authorization Agreement for Automatic Withdrawal of Funds



Pleasant Hill United Methodist Church

Effective date of Authorization \_\_\_\_\_

Type of authorization:

- New authorization
- Change banking information
- Change Donation amount
- Discontinue electronic donation
- Change Donation Date

Last Name

First Name

Address

City

State

Zip

Date of first donation:

\_\_\_\_/\_\_\_\_/\_\_\_\_

Frequency of donation:

- Semi-Weekly 1<sup>st</sup> & 15<sup>th</sup>
- Monthly 1<sup>st</sup>
- Monthly 15<sup>th</sup>

Fund Designations and amounts:

- General Fund \$ \_\_\_\_\_
- Building Fund \$ \_\_\_\_\_
- Total \$ \_\_\_\_\_

Special Instructions:

**Checking/Savings (PLEASE PLACE COMPLETED FORM IN OFFERING PLATE, MAIL TO CHURCH OR LEAVE AT OFFICE)**

Please debit my donations from my:

- Savings Account
- Checking Account (attach a voided check)

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

**I authorized the above church to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.**

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_