

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-Monthly 1st & 15th
 Monthly 1st
 Monthly 15th

Amount

General Fund \$ _____

Special Instructions:

Please debit my donations from my:

- Savings Account
 Checking Account (attach a voided check)

Routing Number: _____

Account Number: _____

I authorize Pleasant Hill United Methodist 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:** _____

Please place completed form in offering plate, mail to church, or leave at office.

Questions? Talk to Joy Jepson or Deb Mannell.