



WITHDRAWAL AUTHORIZATION FORM ELECTRONIC FUNDS TRANSFER (“EFT”)

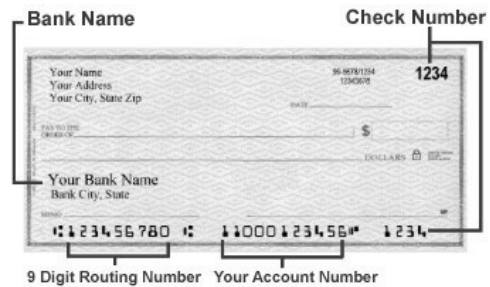
I hereby authorize Christ United Methodist Church to initiate electronic debit entries, and if necessary, process any adjustments needed to correct entries made in error, to my account listed below. This authorization is to remain in full force and effect until Christ United Methodist Church has received written notification from me of its termination.

Terms of Agreement:

1. Funds will be withdrawn from my account no sooner than the my indication below. If the 15th falls on a weekend or holiday, the withdrawal will be conducted on the next business day after the 15th.
I elect funds to be withdrawn on ____ 15th or ____ last business day of the month.
2. A new withdrawal authorization form must be completed and submitted in writing to Christ UMC’s Finance Manager when changing the withdrawal amount or account used. This form must be received 3 days before the 15th of the month for changes to take effect in that month.
3. Written notification must be give to Christ UMC’s Finance Manager 3 days prior to the 15th to stop any existing EFTs in that month

Financial Information

Bank Name _____
 Location of Bank _____
 Routing Number _____
 Account Number _____



Designation of Donations

(If donation is for a specific time period, please note on the appropriate line the end date you wish the transfer to stop.)

Total Monthly Donation _____
 General Budget _____ 2020 Capital Fund _____
 Other _____

Signature(s)

Name(s) _____
 Signature _____ Date _____
 Signature _____ Date _____

Please attached a voided check with this form and return to the church office.