

# EFT Authorization Form

**Newburg United Methodist Church**

**16112580966**

<b>For Office Use Only</b>	Envelope # _____	Date _____
<b>Member Authorization Form</b>		
Effective Date: _____		<input type="checkbox"/> Change Contribution Date
<input type="checkbox"/> New Authorization		<input type="checkbox"/> Change Financial Institution Account
<input type="checkbox"/> Change Contribution Amount		<input type="checkbox"/> Discontinue Electronic Contribution
Name of Member (Please Print) _____		
Address _____		
City _____	State _____	Zip _____
<b>Contribution Information:</b>		<b>Funds:</b>
<input type="checkbox"/> Weekly (Transferred on Mondays)		Current Fund \$ _____
<input type="checkbox"/> Semimonthly (Transferred on the 1 <sup>st</sup> and 15 <sup>th</sup> )		Building Fund \$ _____
<input type="checkbox"/> Monthly (Transferred on either the 1 <sup>st</sup> or the 15 <sup>th</sup> )		<b>Total Contribution:</b> \$ _____
CIRCLE ONE: 1 <sup>st</sup> 15 <sup>th</sup>		
Please take my contribution directly from the account specified:		
<input type="checkbox"/> Checking Account (attach a voided check)		<input type="checkbox"/> Savings Account (attach a savings deposit slip)
Routing #: _____ <b>Routing number must start with 0, 1, 2, or 3, is 9 digits long, and is located at bottom of check between these symbols : :</b>	Account #: _____	
I authorize <b>Newburg United Methodist Church</b> to process debit entries to my account. I have attached a voided check or savings deposit slip. This authority will remain in effect until I give reasonable notification to terminate this authorization.		
Authorized signature on my account: _____		Date: _____
<b>Please attach a voided check or savings deposit slip.</b>		