

ELECTRONIC FUND TRANSFER AUTHORIZATION FORM

Name on Account (Print)	Account Holder's Phone #
Address	
City, State, and Zip	
I authorize the following: <ul style="list-style-type: none"> <input type="checkbox"/> New Payment from Account Specified Below <i>(Choose either bank or credit card. One account only, please.)</i> <input type="checkbox"/> Change Indicated Below <input type="checkbox"/> Discontinue Electronic Funds Transfer from Account or Fund Specified Below. 	

Account Information	
<i>(Choose either Bank or Credit Card. Provide information below for one account only.)</i>	
Bank Account Information	Credit Card Information
Bank Name Account Type <ul style="list-style-type: none"> <input type="checkbox"/> Checking <i>(please attach voided check)</i> <input type="checkbox"/> Savings <i>(please attach deposit slip)</i> 	Credit Card Type <ul style="list-style-type: none"> <input type="checkbox"/> American Express <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Other <i>(provide type below)</i> _____
Routing Number	Credit Card #
Account Number	Credit Card Expiration Date
Authorization Effective Date / /	Authorization Effective Date / /

Contribution Schedule					
Fund Type	Payment Schedule	Amount	Payment Start Date	Collection Date <i>(Choose date for withdrawal from your account))</i>	Down Payment <i>(if applicable)</i>
<i>Offertory</i>	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Quarterly <i>(2x/year)</i> <input type="checkbox"/> Annually	\$		<input type="checkbox"/> 5 th <input type="checkbox"/> 25 th <input type="checkbox"/> 15 th <input type="checkbox"/> None	\$
<i>Fuel</i>	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Quarterly <i>(2x/year)</i> <input type="checkbox"/> Annually	\$		<input type="checkbox"/> 5 th <input type="checkbox"/> 25 th <input type="checkbox"/> 15 th <input type="checkbox"/> None	\$
<i>Plowing</i>	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Quarterly <i>(2x/year)</i> <input type="checkbox"/> Annually	\$		<input type="checkbox"/> 5 th <input type="checkbox"/> 25 th <input type="checkbox"/> 15 th <input type="checkbox"/> None	\$
<i>Special Monthly Collections (on reverse side)</i>	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Quarterly <i>(2x/year)</i> <input type="checkbox"/> Annually	\$		<input type="checkbox"/> 5 th <input type="checkbox"/> 25 th <input type="checkbox"/> 15 th <input type="checkbox"/> None	\$
<i>Christmas Flowers In Memory of:</i>	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Quarterly <i>(2x/year)</i> <input type="checkbox"/> Annually	\$		<input type="checkbox"/> 5 th <input type="checkbox"/> 25 th <input type="checkbox"/> 15 th <input type="checkbox"/> None	\$
<i>Easter Flowers In Memory Of:</i>	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Quarterly <i>(2x/year)</i> <input type="checkbox"/> Annually	\$		<input type="checkbox"/> 5 th <input type="checkbox"/> 25 th <input type="checkbox"/> 15 th <input type="checkbox"/> None	\$

I authorize the above-named church or school to debit from the account specified on this form. This authorization will remain in effect until I give reasonable change or cancellation notice to terminate authorization. I understand there will be a \$25.00 nonsufficient funds (NSF) fee charged to my account for NSF debits.

Authorized account signature: _____ Date: _____

For checking or savings account debits, please attach your voided check or savings deposit slip.