Electronic Fund Transfer Request

BENEVOLA UNITED METHODIST CHURCH

FOR OFFICE USE ONLY ENV		ENVELOPE/DONOR #	NVELOPE/DONOR #		
Effective date of authorization: /// Type of authorization: New authorization Change banking information Image: Change bankin			Change donation amount Change donation date Discontinue electronic donation		
Last Name			First Name		
Address					
City				State	Zip
Email Address					
DATE OF FIRST DONATION:		 FREQUENCY OF DONATION: Semi-Monthly – 1st and 15th Monthly on the 1st Monthly on the 15th Quarterly (must be on 1st or 15th One Time Gift on// 	FUNDS: General/Operatin Funduring Legacy Communion Total Contribution	g \$ \$ \$	JNTS:
ANNUAL CONTRIBUTIONS Easter offering \$ Date to be transferred// Christmas offering \$ Date to be transferred//					
CHECKING / SAVINGS	 Please debit my donation from my (check one): Savings Account (contact your financial institution for Routing #) Checking Account (attach a voided check below) 		Routing Number: Valid Routing # must start with 0, 1, 2, or 3 Account Number: 1:1234557891: 123 123455# 0001 Check Number Routing Number		
	I authorize the above organization 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:				

If using a checking account, please attach a voided check here. If using a savings account, please attach a deposit slip here.

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