

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION AGREEMENT

PART I: REASON FOR SUBMISSION

New EFT Authorization Revision to Current Authorization

PART II: DONOR OR PROVIDER INFORMATION

Provider or Donor Name (Last name, First name)

Account Holder's Street Address

Account Holder's City Account Holder's State Account Holder's Zip Code

PART III: FINANCIAL INFORMATION

Checking Account
 Savings Account

Financial Institution Name City State

Financial Institution Routing Transit Number (nine digit)

Depositor Account Number

Please use my **monthly** donation(s) for the following Church Under the Bridge funds:

- A) General Donation
- B) Assistance for Needs of the Poor
- C) Missions – General
- D) Other (please specify): _____

Gift: \$

Gift: \$

Gift: \$

Gift: \$

Total: \$

PLEASE ATTACH A VOIDED CHECK OR ACCOUNT DEPOSIT SLIP

I hereby authorize Church Under the Bridge to initiate debit entries to my checking or savings account indicated above for payment of my donation to the church. I further authorize the bank or financial institution named above to debit such account. **I understand the debit will be made on or near the 15th of the month.** This authority shall remain in effect until revoked by me, my bank or financial institution, or by Church Under the Bridge.

Account holder's signature Date (_____) Phone number