



Electronic Funds Transfer Authorization Form

Date:		Effective Date:			
<input type="checkbox"/> New Authorization <input type="checkbox"/> Change Contribution Amount <input type="checkbox"/> Change Frequency of Contributions				<input type="checkbox"/> Change Financial Institution Account <input type="checkbox"/> Discontinue Electronic Contribution	
Name on Account (Please Print)					
Address					
City			State		Zip
Regular Contribution _____ Weekly Specify which day of week _____ _____ Bi-Weekly Transferred 1 st & 3 rd week – day? _____ _____ Bi-Weekly B Transferred 2 nd & 4 th week – day? _____ _____ Monthly Specify date of transfer _____			Fund Designation \$ _____ Ministry Funds (General Operating Fund) \$ _____ Capital Funds (Debt Retirement) \$ _____ Mission \$ _____ Total Amount to be deducted		
Please take my contribution directly from the account specified: _____ Checking Account (attach a voided check) _____ Savings Account (attached a savings deposit slip)					
Routing Number: Routing number must start with 0,1,2 or 3, is 9 digits long and is located at bottom of check (see below).			Account Number:		
I authorize Redeemer United Methodist Church 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 have given reasonable notification to terminate this authorization.					
Signature:			Date:		

