Electronic Funds Transfer Form

Church of the Resurrection

General Funds

For Office Use Only	Envelope #:	Date:
Date Contribution is to Begin: _____	**General Funds Contribution (check one and indicate amount):** $_____ ❒ Weekly (On Friday of each week) $_____ ❒ Monthly (On the 20th of each month)	
	$_____ ❒ Quarterly – (The 20th of January, April, July and Dec.) $_____ ❒ Semi-Annual (Transferred on June 20th and Dec. 20th) ❒ Annual (Transferred the 20th day of _____) $_____ Designate which month to withdraw please.	
Financial Institution/Branch:		
Financial Institution Address:		
Name on account (Please Print):		
Account Member Address:		
City:	**State:**	**Zip:**
Please take my contribution directly from my: ❒ Checking Account (Attach a voided check) ❒ Savings Account (Attach a savings deposit slip)		
Routing #: Routing number must start with 0, 1, 2, or 3, is 9 digits long, and is located at the bottom of the check between these symbols ⑆ : ⑆ :)	**Account #:**	
I authorize Church of the Resurrection to automatically debit my checking or savings account as noted above. I understand that this automatic debit will continue until I give reasonable notification to change or terminate this authorization. I also understand that I am responsible for ensuring that the necessary funds are available at the time the debit occurs. I may revoke this automatic payment authorization at any time with thirty (30) days written notice to Church of the Resurrection.		
Authorized Signature on Account:	**Date:**	