Revised 11/2017

Electronic Funds Transfer – Bethany United Methodist Church

Please Print

Name(s): _____

Address: _____

City/State/Zip: _____

I authorize Bethany United Methodist Church to process debit entries to my bank account.
I have attached a voided check. This authority is to remain in full force and effect until Bethany has received a written or emailed notification from me (or either party) of its termination in such time and in such manner as to afford Bethany a reasonable opportunity to act on it. Draws are initiated with the banks two days prior to the debit.

Please debit on the

☐ **1st** and / or ☐ **15th** of each month

In the amount of $_____ totaling $_____annually

To be paid (Circle one): Monthly
Semi-monthly

Account Information

Bank Name: _____

Routing Number: _____

Account Number: _____

_____ Checking Account (attach a voided check)

_____ Savings Account (attach a savings deposit slip)

Authorized Signature on the account:

Signature: _____

Please submit your completed form to the Bethany UMC Finance Office. For any questions, please contact Jane Herbst, BUMC Finance Manager at jane.herbst@bethany-umc.org or 512-258-6017 x 226.