

# ELECTRONIC FUND TRANSFER AUTHORIZATION FORM



**Salem United Methodist Church**  
**120 Sheboygan Street, Fond du Lac, WI 54935**

Effective date of authorization: ____/____/____			
Type of authorization:		<input type="checkbox"/> New authorization	<input type="checkbox"/> Change donation amount
		<input type="checkbox"/> Change banking information	<input type="checkbox"/> Discontinue electronic donation
		<input type="checkbox"/> Change donation date	
Last Name		First Name	
Address			
City		State	Zip
Email Address		Envelope # _____	
DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1 <sup>st</sup> and 15 <sup>th</sup> <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup>	FUNDS: <input type="checkbox"/> General/Operating <input type="checkbox"/> Building <input type="checkbox"/> Mission	AMOUNT: \$ _____ \$ _____ \$ _____  <b>Total \$ _____</b>
<b>CHECKING / SAVINGS</b>	Please debit my donation from my (check one):		Routing Number: _____
	<input type="checkbox"/> Checking Account (attach a voided check below) <input type="checkbox"/> Savings Account (contact your financial institution for Routing #)		<b>Valid Routing # must start with 0, 1, 2, or 3</b> Account 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: _____ Date: _____			

*If using a checking account, please attach a voided check at the bottom of this page.*