Electronic Funds Transfer – Bethany United Methodist Church

Please Print
Name(s):
Address:
City/State/Zip:
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 have received a written or emailed notification from me (or either party) of its termination in such time such manner as to afford Bethany a reasonable opportunity to act on it. Draws are initiated with to banks two days prior to the debit.
Please debit on the 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.