

Aldersgate United Methodist Church4115 Dewey Ave.
Rochester, NY 14616**AUTHORIZATION AGREEMENT FOR
ELECTRONIC FUNDS TRANSFER (EFT)**

Aldersgate United Methodist Church is hereby authorized to initiate debit entries to the bank account identified below and the bank is authorized to debit such account.

TYPE OF ACCOUNT –
Savings or Checking

Name on the Account

Bank Name

Routing #

Account #

Please fill out dates and amounts. Please be advised that this service will start on the date indicated below.

Church Budget Amount

Debt Reduction

Contribution Amount to be debited \$ _____

Contribution Amount to be debited \$ _____

Starting on _____ (date) the following amount is to be debited from the above named account:

___ Weekly – every Friday

___ Monthly – on the ___ of each month

___ Other (please specify):

___ Timeframe:

Starting on _____ (date) the following amount is to be debited from the above named account:

___ Weekly – every Friday

___ Monthly – on the ___ of each month

___ Other (please specify):

___ Timeframe:

This will remain in effect until a written request to change amounts, accounts, timeframe or to cancel is received.

Signature _____ Date: _____

Please attach a voided check to verify bank account and routing numbers.