

**LONGS PEAK UNITED METHODIST CHURCH
ELECTRONIC FUND TRANSFER (EFT) AUTHORIZATION FORM**

PRINTED NAME

I (We) hereby authorize Longs Peak United Methodist Church, hereinafter called CHURCH to initiate debit entries to my (our) checking account indicated below and depository named below, hereinafter called DEPOSITORY, to debit the same such account.

DEPOSITORY INSTITUTION

NAME _____

BRANCH _____

CITY _____

STATE _____

TRANSIT/ABA # _____

ACCOUNT NUMBER _____

The authority is to remain in full force and effect until CHURCH and DEPOSITORY have received written notification from me (or either of us) of its termination in such time and in such manner as to afford CHURCH and DEPOSITORY a reasonable opportunity to act on it.

NAME _____

EMAIL _____

PHONE NUMBER _____

Authorizing Signature/Date _____

Authorizing Signature/Date _____

The above authorization allows Longs Peak United Methodist Church to initiate debit transactions to the above named bank account for the purpose of electronic payments. Longs Peak United Methodist Church will initiate transactions to this account until written notice is received to terminate.

Longs Peak United Methodist Church will debit the account for the amount of _____

To start on the 1st or 16th of each month or both days _____

Please notify the CHURCH if you change banks or accounts or if your bank merges with another bank.

In the event funds are not available in the above referenced accounting for debiting, Longs Peak United Methodist Church will notify you of the shortage and resulting bank charge.