

Shenkel United Church of Christ
Electronic Funds Transfer (Direct Debit) Authorization Form

Your Name: _____ Envelope # _____
(as it appears on your bank statement)

Phone Number: _____ Email: _____

Total \$Amount To Be Debited Monthly (\$total of split below): \$ _____

Split: Current Fund: \$ _____

Our Church's Wider Mission: \$ _____

Property: \$ _____

Bank Account Information – Please attach a voided check with this authorization form in order that we obtain the bank routing number and account number needed for the direct debit. If your account does not use checks, please provide the following information:

Bank Account Number: _____

Bank Routing Number: _____

Acceptance of Terms & Conditions – I understand that:

1. The amount authorized above will be debited from my account on/near the 15th of each month or the last business day prior to the 15th if the 15th falls on a non-business day.
2. I will be responsible for any insufficient funds fees incurred by Shenkel UCC if there are insufficient funds in my account at the time of the debit.
3. If two insufficient funds charges occur in one year, my Direct Debit will be discontinued.
4. This authorization will remain in effect until I request that it be changed or cancelled.
5. All EFT authorization forms (whether for adds, changes or cancellations) must be received by Ken Bevan (Shenkel Treasurer) by the 30th of the month prior to the first or next direct debit. Forms may be emailed directly to Ken at kbevan1988@aol.com; hard copies may be sent to the church office to be scanned and forwarded to Ken. Shenkel will acknowledge receipt via email and will confirm the effective date of the action requested. No more than two changes will be permitted during any one calendar year. These rules are subject to change with the approval of Consistory.

Signed: _____

Date: _____

Shenkel Office Use Only: Date Received: _____ Effective Date of Change: _____