

ELECTRONIC FUNDS TRANSFER (EFT or ACH)

AUTHORIZATION AGREEMENT

For Withdrawal from Bank of St. Francisville or other banking institution

I/we hereby authorize Bank of St. Francisville to draft my/our account at Bank of St. Francisville or other financial institution to make deposits to the St. Francisville United Methodist Church's account.

INDIVIDUAL'S Financial In Bank Transit/Routing/ABA# INDIVIDUAL'S Bank accou	#:		
Please draft according to the	ne following schedule:		
Amount:			
Monthly	Day of Month		
Biweekly	Day of Week		
Specific Dates	Dates		
Please begin drafting on This authorization is valid a	and will continue until I rev	oke this "Authoriza	ation Agreement" in writing
Name (please print)			
Signature			Date
Return completed form and	d copy of voided check to:		
St. Francisville Un	ited Methodist Church, or email to: <u>stfru</u>		. Francisville, LA 70775
SFUMC Office Use:			
Received by: Official Representative of St. Francisville United Methodist Church			Date
Deposit into Bank of St. Fra	ancisville Checking Accou	int:	
Routing No.		Account No	