



AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER

SECTION 1

Last Name		First Name	Middle Initial	
Street Address		City	State	Zip Code
Home Phone	Cell Phone		Email Address	

SECTION 2

Checking this box authorizes Santa Clara Church of Christ to process debit entries to the bank account identified below upon initiation by the above-named individual. This authority is to remain in full force until EFT payments are no longer desired or until the Santa Clara Church of Christ and I mutually agree to terminate my participation in the EFT program.

Bank Name		Phone Number		
Address		City	State	Zip Code
Bank Routing Number	Bank Account Number		Checking or Savings	

\$ \_\_\_\_\_  
Amount of Giving

Please indicate day of the month to initiate transfer:

5<sup>th</sup>     25<sup>th</sup>     Split amount and transfer on both days

Signature	Date
-----------	------