

**DIRECT DEBIT PAYMENT
AUTHORIZATION FORM**

Elfinwild Presbyterian Church

I authorize ELFINWILD PRESBYTERIAN CHURCH to initiate debit entries to my () **Checking** () **Savings** account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY. Also, if necessary, to initiate adjustments for any transactions debited in error.

My Bank Name _____ Branch _____

City _____ State _____ Zip _____

Routing/Transit No. _____ Account No. _____

Monthly (to be deducted on or about the 15th of the current month) the amount of

\$ _____

This authorization will remain in full force and effect until ELFINWILD PRESBYTERIAN CHURCH has received written notification from me of its termination in such time and in such manner as to afford ELFINWILD PRESBYTERIAN CHURCH and DEPOSITORY a reasonable opportunity to act on it.

Member Name _____ Phone # _____
PLEASE PRINT

Member Signature _____ Date _____

Email address (optional) _____

NOTE: IN THE CASE OF REVOKED AUTHORIZATION, ALL WRITTEN AUTHORIZATIONS MUST BE REVOKED ONLY BY NOTIFYING THE ORIGINATOR (ELFINWILD PRESBYTERIAN CHURCH) IN WRITING NO LATER THAN 15 DAYS BEFORE THE NEXT TRANSACTION EFFECTIVE DATE.

A VOIDED CHECK MUST BE ATTACHED TO THIS FORM. STAPLE VOIDED CHECK BELOW.

Please Note: contributions will be divided among Operations, Missions, and Other Funds in accordance with your pledge card. If you have not previously completed a pledge card, please contact the church to obtain a pledge card and complete it in conjunction with this form.