

Newtown United Methodist Church

Electronic Funds Transfer (EFT)

Effective Date: _____

Type of Request:

- ____ Set Up New Electronic Funds Transfer
- ____ Change to current Electronic Funds Transfer
- ____ Discontinue current Electronic Funds Transfer

Name: _____

Address: _____

City, State, Zip: _____

Frequency of Contribution: Weekly Monthly Yearly

Amount: \$ _____

Account Type:

- ____ Checking Account (Please attach voided check)
- ____ Savings Account (Please attach deposit slip)

Routing #: _____(not needed if voided check or deposit slip is attached)

Account#: _____(not needed if voided check or deposit slip is attached)

____ I authorize Newtown United Methodist Church to process debit entries to my account. I have attached a voided check or savings deposit slip. This authority will remain in effect until I request a change or termination.

Authorized Signature on my account

Date

**Once completed, please download form and return to Dave DelBianco
(ddelbianco@metalico.com)**