

Electronic Funds Transfer

This is my authorization to Benson Memorial United Methodist Church for the following recurring draft to be made from my (Checking Account Savings Account) on the following basis effective January 2023.

Applied to the General Fund in the amount indicated:

\$_____ Weekly Monthly on the 1st Monthly on the 15th

Applied to designated funds in the amount indicated:

\$_____ Weekly Monthly on the 1st Monthly on the 15th

Name of Designated Fund _____

I understand that this authorization will be in effect until I give written notification to Benson Memorial UMC and my financial institution that I no longer desire this service, allowing reasonable time to terminate the authorization. I also understand that if corrections or changes in the debit amount are necessary it may involve an adjustment (credit or debit) to my account. I also understand that I have the opportunity to make changes to my draft contributions at any time. This authorization is non-negotiable and non-transferable.

Name (Print): _____ Signature and Date: _____

**Attach a voided check for the account from which withdrawals will be made.*