



Fallston United Methodist Church Electronic Fund Transfer
Enrollment Form

To enroll, please complete this form and mail with a voided check to Fallston United Methodist Church, Attention: Treasurer.

Information:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Select one of the following:

- Radio buttons for New Enrollment, Change in Amount, Change in Account

Amount of Transfer:

General Fund amount: \$ _____ Building Fund amount: \$ _____

Frequency of Transfer:

- Radio buttons for Weekly, Bi-weekly, Monthly

Date to begin automatic debit: _____ (Please allow 14 days from receipt of form.)

Account Information:

Please deduct my gift payment directly from my:

- Radio buttons for Checking account, Savings account

Account Number: _____

Routing Number: _____

Authorization:

I authorize Fallston United Methodist Church to process debit entries to my account as indicated herein. I have attached a voided check. This authority will remain in effect until I give reasonable notification to terminate this authorization.

Authorized signature:

_____ Date: _____