

Helpful Tips and Instructions

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| <p>1. Please make sure all information is legible, especially your account numbers.</p> <p>2. The Bright Days Preschool EFT payments are for September to May monthly tuition payments ONLY. Registration, lunch bunch and summer school fees are NOT payable with EFT.</p> <p>3. REQUIRED: A voided check for the bank account used, MUST be included with this form.</p> | <p>4. If your bank account changes, you must fill in a new Authorization Agreement and attach a voided check for the new account.</p> | <p>5. For any changes, please submit a new form four (4) days prior to your scheduled debit.</p> <p>6. Thank you for participating in EFT!</p> |
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AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS



Campbell United Methodist Church

94035941603

FOR OFFICE USE ONLY

DONOR #

DATE

Effective date of authorization: _____ (date on which first debit will be made to your account)

Type of authorization:

<input type="checkbox"/> New authorization	<input type="checkbox"/> Change banking information
<input type="checkbox"/> Change donation amount	<input type="checkbox"/> Discontinue electronic donation
<input type="checkbox"/> Change donation date	

Last Name

First Name

Address

City

State

Zip

Please debit my donation from my (check one):

- Checking Account (attach a voided check)
- Savings Account (contact your financial institution for Routing #)

Routing Number: _____

Valid Routing # must start with 0, 1, 2, or 3

Account Number: _____

Date of first donation:

_____/_____/_____

Frequency of donation: (check only one)

- Weekly – Mondays
- Semi-Monthly – 1st and 15th
- Monthly on the 1st**
- Monthly on the 15th
- Quarterly on the 1st*

Fund designations and amounts: (per frequency)

- | | |
|--|----------|
| <input type="checkbox"/> General Fund | \$ _____ |
| <input type="checkbox"/> Building Fund | \$ _____ |
| <input checked="" type="checkbox"/> Bright Days Tuition | \$ _____ |

Total \$ _____
(total per frequency)

Special Instructions:

AGREEMENT

I authorize the above church and **Vanco Services, LLC** to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature: _____ Date: _____