



POWERS CREEK COMMUNITY CHURCH

EFT Withdrawal Agreement Form

Authorization Agreement

I/We, _____, hereby authorize POWERS CREEK COMMUNITY CHURCH to initiate automatic EFT Debit (withdrawal) from my/our account at the financial institution named below. I/ We also authorize POWERS CREEK COMMUNITY CHURCH to make deposits to this account in the event that a withdrawal entry is made in error.

This agreement will remain in effect until POWERS CREEK COMMUNITY CHURCH receives a written notice of cancellation from me / us or my financial institution, or until I / We submit a new direct deposit form to the Accounting Department.

Account Information

Name of Financial Institution: _____

Transit Number: _____

Account Number: _____

Checking | Savings

Amount and Cycle of Withdrawal

Amount to be withdrawn each period: \$ _____

Monthly on the 1st day of each month

Monthly on the 15th day of each month

Starting on the ____ day of _____, 20__

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

**Please attach a voided check or deposit slip.
Please return this form to the office.**