



Child(ren)'s Name: _____

AUTHORIZATION AGREEMENT FOR ELECTRONIC FUND TRANSFERS (EFT)

Company Name GOOD SHEPHERD UMC Good Shepherd Federal Tax ID Number 56-1755452

I (we) hereby authorize GOOD SHEPHERD UMC, hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account / Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of EFT transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name _____

Routing Number _____ Account Number _____

VOID CHECK MUST BE ATTACHED BELOW

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s) _____ (Please Print)

Date _____ Signature _____

Voided Check Must Be Attached

