

# TENNESSEE DISTRICT ASSEMBLIES OF GOD

## EFT Authorization Form (Electronic Funds Transfer)

Giving Code # \_\_\_\_\_

Name (please print) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

I would like to make the following monthly contribution(s):

<u>Giving Fund</u>	<u>Dollar Amount</u>	<u>Start Date</u>
<input type="checkbox"/> Minister's Dues	_____	_____
<input type="checkbox"/> General/Administrative Budget	_____	_____
<input type="checkbox"/> Camp Jackson	_____	_____
<input type="checkbox"/> Church Planting/Home Missions	_____	_____
<input type="checkbox"/> Other _____	_____	_____
<b>TOTAL:</b>		_____

*I understand that all transactions are processed around the 10th of the month.*

I hereby authorize: Tennessee District Council of the Assemblies of God, Inc. hereinafter called ORGANIZATION, to initiate debit or credit entries to my Checking Account/Savings Account (circle one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit/credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Financial Institution Name: \_\_\_\_\_

Transit/Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

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

Name on Account: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

