



# E-TITHING

## Electronic Fund Transfer (EFT) Enrollment Form

### AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZATION PAYMENTS

I hereby authorize **Lynwood Baptist Church** to initiate electronic debit entries (e-tithing) to my/our account(s) as indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account. I acknowledge that the origination of ACH transactions to my/our account must comply with provisions of U.S. law.

#### CHECKING ACCOUNT

Bank Name _____	Bank Location/City _____	
Account Number _____	Routing Number _____	
<input type="checkbox"/> Begin Direct Debit (e-tithing)	<input type="checkbox"/> Change Direct Debit (e-tithing)	<input type="checkbox"/> Cancel Direct Debit (e-tithing)
Start date _____	Change date _____	Cancellation date _____
Amount \$ _____	Amount \$ _____	
<input type="checkbox"/> Monthly debit on 2nd Thursday of month	<input type="checkbox"/> Monthly debit on 2nd Thursday of month	
<input type="checkbox"/> Weekly debit every Thursday	<input type="checkbox"/> Weekly debit every Thursday	
<b><i>Please attach a copy of a voided check.</i></b>		

#### SAVINGS ACCOUNT

Bank Name _____	Bank Location/City _____	
Account Number _____	Routing Number _____	
<input type="checkbox"/> Begin Direct Debit (e-tithing)	<input type="checkbox"/> Change Direct Debit (e-tithing)	<input type="checkbox"/> Cancel Direct Debit (e-tithing)
Start date _____	Change date _____	Cancellation date _____
Amount \$ _____	Amount \$ _____	
<input type="checkbox"/> Monthly debit on 2nd Thursday of month	<input type="checkbox"/> Monthly debit on 2nd Thursday of month	
<input type="checkbox"/> Weekly debit every Thursday	<input type="checkbox"/> Weekly debit every Thursday	
<b><i>Please attach a copy of a voided deposit slip.</i></b>		

This authorization is to remain in full force and effect until **Lynwood Baptist Church** has received written notification from me/either of us of its termination/modification in such time and manner as to afford **Lynwood Baptist Church** and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

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

Signature \_\_\_\_\_ Envelope no. \_\_\_\_\_

**PLEASE RETURN THIS FORM TO:** Lynwood Baptist Church, 2935 Lynwood Hills Drive, Cape Girardeau, MO 63701

**ATTN: Bookkeeper**