

**Authorization for Electronic Funds Transfer:**

I/We hereby authorize Congregation Beth Evergreen to charge my monthly membership dues by Electronic Funds Transfer (EFT) on the 1<sup>st</sup> of each month to my:

**Checking Account / Savings Account** (select one by circling)

By selecting the Electronic Funds Transfer from my account, I am responsible for notifying Congregation Beth Evergreen of any changes in account number or bank information. I further understand that I will be responsible for any associated return fees assessed.

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Signature Date

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Signature (of 2<sup>nd</sup> account holder if joint account) Date

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Bank Name Bank Address

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Account Number

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ABA / Routing Number

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Home Address City State Zip

**Please attach a voided check with this form for processing.**

**This authorization is to remain in full force and effect until Congregation Beth Evergreen has received written notification from me (or either of us) of its termination.**

**NOTE: The EFT will go into effect in one month. Please send a check for your current month's dues and/or religious school fees with this authorization form.**