

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 1st 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.

Signature

Date

Signature (of 2nd account holder if joint account)

Date

Bank Name

Bank Address

Account Number

ABA / Routing Number

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.