

## 2019 GENERAL SYNOD HOSTING CONTRIBUTIONS

### AUTHORIZATION FORM - ELECTRONIC FUNDS TRANSFER

For automatic withdrawals complete this form and mail, fax or email to the Wisconsin Conference. See below for contact information.

FOR OFFICE USE ONLY	CUSTOMER #	DATE
<b>Effective date of authorization:</b> ____/____/____		
<b>Type of authorization:</b> <input type="checkbox"/> New authorization <input type="checkbox"/> Change payment amount <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic payment		
Last Name		First Name
Address		
City		State      Zip
Email Address		
<b>MONTHLY PAYMENT:</b> Date for monthly withdrawal will be on the 15 <sup>th</sup> of each month. Date of first payment: ____ / 15 / ____      Amount of monthly payment: \$_____ (minimum \$10)		
<b>CHECKING / SAVINGS</b>	Please debit payment from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account ( <b>staple a voided check below or send in check for the first payment</b> )	Routing Number: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  Account Number: _____ 
	I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.  Authorized Signature: _____ Date: _____	