

Enrollment and Authorization Form

Electronic Funds Transfer

FIRST PRESBYTERIAN CHURCH

P.O. Box 420

LAKE CRYSTAL, MN 56055-0420

Last Name _____ First Name _____ Middle Initial _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone # _____ Work Phone # _____

Check Appropriate Box:

NEW Enrollment /Authorization Change in authorized Amount Change in Account

Gifts / Payments should be taken from: _____
(Financial institution and address)

ACCOUNT TYPE: Checking (attach voided check)

Savings (attach deposit slip with account no.)

ROUTING NUMBER: _____ (valid routing # must begin with 0, 1, 2, or 3)

ACCOUNT NUMBER: _____

REMEMBER TO ATTACH EITHER A VOIDED CHECK OR SAVINGS DEPOSIT SLIP

Frequency of funds transfer (Please check one only per form):

<input type="checkbox"/> Weekly on Monday	Amount
\$ _____	
<input type="checkbox"/> Weekly on Friday	Amount \$ _____
<input type="checkbox"/> Semi-monthly (transferred on 1 st and 15 th of each month)	Amount \$ _____
<input type="checkbox"/> Monthly on the 1st-3rd	Amount \$ _____
<input type="checkbox"/> Monthly on the 15 th	Amount
\$ _____	

Start Date _____ Church Envelope Number _____ (if known)

SIGNATURE REQUIRED

I authorize First Presbyterian Church, Lake Crystal, MN to automatically withdraw contributions from my account. I have attached a voided check or savings deposit slip. This authority will remain in effect until I give reasonable notification to terminate the authorization.

X _____ Date _____
Signature of Account Holder

(Do not write below this line – OFFICE USE ONLY)

Transfer funds to Minnstar NA Bank account # _____

Original copy to Minnstar Bank