

First Presbyterian Church of Bethlehem (PC-USA)

Electronic Funds Transfer Instructions

We are pleased to offer electronic funds transfer for the convenience of making contributions directly to the church on a monthly basis through direct withdrawal from a checking or savings account. Withdrawals will be made on the 15th of each month.

If you would like to set up this service, please use these instructions to complete the form below (note that, for your convenience, some fields can be completed before you print the form:

- 1. AUTHORIZATION TYPE Check the New Authorization Box.
- 2. MEMBER INFORMATION Enter your Name, Address, Phone and Email (if used.)
- 3. MONTHLY DONATION Enter your Monthly Donation Amount and the Date you wish this to begin. Date must be the 15th of the month (example: 10/15/16 or 11/15/16)
- 4. CHECKING/SAVINGS ACCOUNT INFORMATION Check the appropriate box and enter Routing # and Account #. (If using a Savings Account, please contact your financial institution for the Routing #.)



- 5. AUTHORIZATION All account holders must sign and date.
- 6. Please ATTACH A COPY OF A VOIDED CHECK if using a checking account.
- 7. Please mail or drop off your completed form to: First Presbyterian Church of Bethlehem
 2344 Center Street Bethlehem PA 18017

If you have any questions, please contact Melinda Stitt at: 610-360-1810.

First Presbyterian Church

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Electronic Funds	Transfer	Authorization	Form
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Authorization Type:						
\Box New Authorization	Change Donation Amount		Discontinue Electronic Donation			
Member Information:		1				
Last Name:	Last Name:		First Name:			
Address:						
City:		State	e:	Zip:		
Email:	Email:		Phone:			
Monthly Donation (Transferred on the 15 th of the month):						
Date of First Donation: Monthly Donation Amount: \$						
Checking/Savings Account Information:						
Please debit my donation from	Ro	Routing #:				
Checking Account (attached a voided check) Account #:						
Authorization:						
I authorize First Presbyterian Church of Bethlehem (PC-USA) to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate or modify this authorization.						
Account Holder Signature:	Account Holder Signature:			Date:		
loint Account Holder Signature:			Date:			
Please attach voided check here.						
Envelope/Donor #:			Date:			
			Date.			