



FLORIDA CONFERENCE of SEVENTH-DAY ADVENTISTS

AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER (EFT)

The (name of local institution) _____ gives the Florida Conference of Seventh-Day Adventists permission to withdraw funds from (print bank name) _____ through an Electronic Funds (ACH) Transfer for the purpose of the monthly processing of :

- Locally Funded Employee Payroll
- Substitute Teacher Payroll
- Teacher Billing
- Tithe and Offering Remittance
- Insurance Payment
- Promissory Note Payment Monthly Amount \$ _____
- Rent Payment Monthly Amount \$ _____

The amount withdrawn will not exceed the total cost and/or amount reported to the conference or as stated above if a fixed amount. It is also understood that any corrections or adjustments specifically related to this authorization are allowed.

The agreement will take effect as of (date) _____

Bank Account Number: _____

ABA routing Number: _____

Printed Name of Local Institution Official: _____
(*Treasurer, Pastor, School Principal, or Head of Local Institution*)

Signature of Local Institution Official: _____
(*Treasurer, Pastor, School Principal, or Head of Local Institution*)

Today's Date: _____

PLEASE ATTACH A COPY OF A VOIDED CHECK TO THIS FORM

Return to **Treasury** at Florida Conference (see address below)