



FLORIDA CONFERENCE *of*
SEVENTH-DAY ADVENTISTS

AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER (EFT)

The (*name of local entity*) _____
authorizes the Florida Conference of Seventh-Day Adventists to withdraw funds from its account

at (*print bank name*) _____
through an *Electronic Funds (ACH) Transfer* for the purpose of the monthly processing of:

D Locally Funded Employee Payroll

D Teacher Billing

D Tithe and Offering Remittance

The amount withdrawn will not exceed the total cost and/or amount reported to the Conference.

This agreement is effective as of (date) _____

Bank Account Number: _____

ABA routing Number: _____

Printed name of authorized official: _____

Signature of authorized official: _____

Title or position: _____

(*ex: Treasurer, Pastor, School Principal, Head of local entity, or other*)

Today's Date: _____

A COPY OF A VOIDED CHECK MUST BE ATTACHED TO THIS FORM

Return this form with a voided check to the attention of Treasury at Florida Conference.