



**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 Transfer (EFT) for the purpose of the monthly processing of:

Check all that apply:

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

The amount withdrawn will not exceed the total cost and / or amount reported to the Conference as stated above, if a fixed amount.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) \_\_\_\_\_.

ABA routing Number: \_\_\_\_\_

Bank Account 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)*

Date: \_\_\_\_\_

Return this form and copy of a voided check to Silvie Borges at the Florida Conference.

**PLEASE ATTACH A COPY OF A VOIDED CHECK TO THIS FORM**

