



SEVENTH-DAY
ADVENTIST
CHURCH

Southern New England
Conference

P.O. Box 1169
34 Sawyer Street
South Lancaster, MA 01561-1169
Telephone: (978) 365-4551
Fax: (978) 365-3838

AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER (EFT)

The (name of local institution) _____ gives the Southern New England 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 the *Tithe and Offering Remittance*.

The amount withdrawn will not exceed the total cost and/or amount reported to the conference. The agreement will take effect as of (date) _____

Bank Account Number _____

ABA Routing Number _____

Printed Name of Local Church Treasurer: _____

Signature of Local Church Treasurer: _____

Today's Date: _____

WE ALSO NEED A COPY OF A VOIDED CHECK ALONG WITH THIS FORM

Please Return to Bonnie Shuris at Southern New England Conference (address above)