

**IGLESIA DE DIOS  
REGIÓN SURESTE HISPANA  
CHURCH OF GOD S.E. HISPANIC REGION**



**Electronic Funds Transfer Authorization**

This form is an authorization agreement for Automated Clearing House pre-authorized payments.

The undersigned hereby authorizes The Church of God Southeastern Hispanic Region to originate debit and/or credit entries via the Automated Clearing House to the account indicated below at the Depository Financial Institution named below, to accept and to debit/credit the amount of such entries to the account.

**Church File Number:** \_\_\_\_\_

<b>Bank Account Information</b>	
Account holder's Name: _____	
Routing Number: _____	Account Number: _____
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Bank Name: _____
Billing Address: _____	

This authorization will remain in effect until written notification of termination has been given by the church and that notification has been received by The Church of God Southeastern Hispanic Region.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

