

# Authorization Agreement for Electronic Fund Transfer (EFT)

BUSINESS NAME: Trinity Church United Methodist

DEPOSITORY NAME: Old Second Bank

I (we) hereby authorize Trinity Church United Methodist (hereinafter called BUSINESS) and the financial institution (hereinafter called DEPOSITORY) listed below to initiate debit entries to my (our) Checking Account or Savings Account (and the reversal of like debit) in the amount designated below on the 17<sup>th</sup> day of the month.

AUTHORIZED MONTHLY DEBIT AMOUNT: \_\_\_\_\_

BANK NAME: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ROUTING NUMBER: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

THE ACCOUNT LISTED IS A: CHECKING \_\_\_\_\_ SAVINGS \_\_\_\_\_

PRINTED NAME(S): \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

