



**Enrollment and Authorization Form
Automatic Debit (ACH debit)**

I/We hereby authorize the Sheboygan Evangelical Free Church (SEFC) to debit the amount listed below from my/our account, as scheduled. I/We have indicated below the financial institution, account information, and dollar amount. I/We understand that this withdrawal request may take 2-4 weeks to be processed.

Donor Contact Information (please print)

Name _____ Spouse Name _____
 Address _____ City/State/Zip _____
 Home/Cell Phone _____ or Work Phone _____
 Email _____

Financial Institution Information (please print)

Name _____ Phone (____) _____

Address/City/State/Zip _____

Account Type: Checking (the required voided check is enclosed)
 Savings (the required deposit slip is enclosed)

Withdrawals may be scheduled weekly, twice per month, or monthly. Please indicate below the amount of your donation, the withdrawal frequency, and the designation.

Amount: General Budget - \$ _____ (regular tithes & offerings)
 Debt Retirement - \$ _____ (over and above regular tithes & offerings)
 Love in Action - \$ _____ (over and above regular tithes & offerings)
 Select: Weekly (Mondays) _____ or Twice per month _____ (1st & 15th) or Monthly (1st) _____
 Desired Start Date ____/____/____

Please indicate:

This is a new ACH contribution or This replaces my current ACH contribution

Required Signature(s)

This authority will remain in full force and effect until I/we provide written notification to cancel this agreement. I/We allow SEFC and the FINANCIAL INSTITUTION thirty days to act on it.

Name _____ Spouse Name _____

Dated ____/____/____