



EFT AUTHORIZATION FORM

For Electronic Funds Transfer

NAME _____ ADDRESS _____

CITY/STATE/ZIP _____ HOME _____ WORK _____ CELL _____

EMAIL ADDRESS _____

Date to Commence: ____ / ____ / ____ and thereafter on the 15th 30th of each month.
 Checking Savings

Bank Name

Amount to Withdraw \$

Bank Routing #

Account #

As an act of worship, I hereby authorize GracePointe Church to make an automatic withdrawal from the above listed account on the designated day each month until revoked in writing to the church office.

Signature _____

Date _____

*****Please Attach a Voided Check below*****

