



THE ROBIN'S NEST

EFT AUTHORIZATION FORM

COMPANY NAME: **Palm Harbor United Methodist Church**

COMPANY NUMBER: **59-1689278** (Tax ID number)

I (we) authorize **Palm Harbor United Methodist Church**, hereinafter called Company, to initiate debit entries and if necessary, credit entries for adjustment to any debit entries made in error to the account at the Financial Institution as listed below:

Financial Institution:

Bank Name

Routing/Transit # (9 positions)

Bank Address

Checking Account Number

Dates and Amount of Withdrawal:

10 withdrawals of _____ will be made on the 1st of each month from August 2025 - May 2026.

This authority is to remain in full force and effect until the Company has received written notification of its termination in such time and in such manner as to afford the Company and Depository Institution a reasonable opportunity to act upon it.

Print Name

Child's Name/Children's Names

Authorized Signature

e-mail address

Date

Please provide a **voided check** to verify the correct bank routing and account numbers with your financial institution.