

AUTHORIZATION FOR AUTOMATIC WITHDRAWALS FROM
AND DEPOSITS TO YOUR BANK ACCOUNT
(EFT)

The undersigned hereby authorizes the Community of Christ (World Headquarters) to make withdrawals or deposits at _____ (the Bank)

and authorizes the Bank to accept such transactions and make any necessary adjustments. It is agreed that these transactions will be made electronically and under the Rules of the National Automated Clearing House Association. This authorization will remain in effect until written notice of termination is delivered to the World Headquarters in a timely manner so as to afford the World Headquarters an opportunity to act thereon. In no event shall such termination be effective as to entries processed prior to receipt of such notice.

Bank _____

City & State _____

Type of Account: _____ Checking _____ Savings

Account Name: _____

Mission Center or Congregation Name

Jurisdiction Number

Signature of Financial Officer

Name of Financial Officer

Phone number/e-mail address

Date

Return form to:

Accounting Administration, Community of Christ World Headquarters, 1001 W. Walnut, Independence, MO 64050-3562

Attach voided check drawn on account to receive withdrawals transactions.