

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.