

SARDIS FELLOWSHIP BAPTIST CHURCH
45187 Wells Road
Chilliwack, B.C. V2R 1H6
604-858-8433
office@sardisfellowship.com



ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

NAME _____

ADDRESS _____

CITY, PROVINCE, POSTAL CODE _____

PHONE NUMBER _____

EMAIL _____

I hereby authorize SARDIS FELLOWSHIP BAPTIST CHURCH to make automatic transfers from my bank account.

<u>Once monthly transfer</u>	
Amount \$ _____	Beginning Month and year: _____
Day (Check one) <input type="checkbox"/> 3 rd <input type="checkbox"/> 18 th	
OR	
<u>Twice monthly transfer:</u>	
<input type="checkbox"/> 3 rd – Amount \$ _____	<input type="checkbox"/> 18 th – Amount \$ _____
Beginning Month and year: _____	

Signature _____

Date _____

- ***Please enclose a cheque marked "VOID" with this form or a Direct Deposit form from your bank, with your institution number, routing number, and account number.
- ***Form and void cheque should be delivered to the church office or placed in the offering box at the church.
- ***Please note that there will be a 2-5 week processing delay upon receiving this form.

Thank you!