



**AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER (EFT)**

The (name of local institution) \_\_\_\_\_ gives  
the Florida Conference of Seventh-Day Adventists permission to withdraw funds from  
(print bank name) \_\_\_\_\_ through an  
Electronic Funds Transfer (EFT) for the purpose of the monthly processing of:

Check all that apply:

- |  |   |
|--|---|
| <input type="checkbox"/> Locally Funded Employee Payroll | <input type="checkbox"/> Teacher Billing            |
| <input type="checkbox"/> Tithe and Offering Remittance   | <input type="checkbox"/> Substitute Teacher Payroll |
| <input type="checkbox"/> Insurance Payment               |   |
| <input type="checkbox"/> Promissory Note Payment         | Monthly Amount \$ _____                             |
| <input type="checkbox"/> Rent Payment                    | Monthly Amount \$ _____                             |

The amount withdrawn will not exceed the total cost and / or amount reported to the  
Conference as stated above, if a fixed amount. It is also understood that any corrections  
or adjustments specifically related to this authorization are allowed. The agreement will  
take effect as of (date) \_\_\_\_\_.

ABA routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Printed Name of Local Institution Official:

\_\_\_\_\_  
(Treasurer, Pastor, School Principal, or Head of Local Institution)

Signature of Local Institution Official:

\_\_\_\_\_  
(Treasurer, Pastor, School Principal, or Head of Local Institution)

Date: \_\_\_\_\_

Return this form and copy of a voided check to Silvie Borges at the Florida Conference.

**PLEASE ATTACH A COPY OF A VOIDED CHECK TO THIS FORM**

