

**Epworth Weekday Children’s Ministries
E-Check / Bank Transfer Authorization Form**



Auto Payment via Bank Account

Out of checks or stamps? Or maybe you just don’t like the hassle of writing a check out each month. No problem – we have the solution for you. Enroll in our AutoPay program, and your monthly account balance will be automatically deducted from your checking or savings account on the scheduled due date. You’ll never miss a payment. You will continue to receive a monthly statement, so you’ll be reminded that payment is about to take place. To enroll – complete this form, and email or drop off the documents to the office of Epworth Weekday Children’s Ministries.

Account Holders Name(s) _____

Telephone Number _____

Name of Financial Institution _____

Routing Number _____ Account Number _____

I authorize Epworth Weekday Children's Ministry to electronically debit my bank account according to the terms outlined below. The electronic payment(s) will begin on the date listed below and will continue until I provide a cancellation notice to Epworth Weekday Children’s Ministries. I understand and agree that I am responsible for all charges and fees my bank may charge for this type of transaction. Additionally, I understand that I will be charged a fee of \$25.00 should my payment be returned or canceled after processed. Any and all charges accrued on my account during the billing period will be debited on the bank account indicated above on the first of each month. Should the first of the month fall on a weekend or holiday the debit will likely occur on the following banking business day.

Start Date Signature Door Code Todays Date
(Code only needed for electronic signature)