

Electronic Funds Transfer

CHANGE • STOP FORM

Return to the church office.

REQUIRED INFORMATION:

Participant Name _____

Authorized Signature _____

Effective Date of Change _____

Office Use Only---Participant ID _____

***** COMPLETE ONLY INFORMATION TO BE UPDATED *****

PARTICIPANT INFORMATION

	Change From	Change To
Participant Name		
Participant Address		
City, State Zip		

TRANSACTION INFORMATION

	Change From	Change To	Is Change Permanent?
Transaction Date			<input type="checkbox"/> Yes <input type="checkbox"/> No
End Date			<input type="checkbox"/> Yes <input type="checkbox"/> No
Frequency			<input type="checkbox"/> Yes <input type="checkbox"/> No
Amount			<input type="checkbox"/> Yes <input type="checkbox"/> No

Only Needed if you are changing Bank or Accounts. Attach a voided check or savings deposit slip on separate sheet.

BANKING INFORMATION

Account Type: Checking Savings

Change Routing # to _____

Change Account # to _____

