



**PO Box 478  
Upland, IN 46989  
765-998-0166**

## Electronic Funds Transfer Authorization Form

I, \_\_\_\_\_ (print name), hereby authorize Golden Clay Ministries to debit payments (and, if necessary, credit entries for reversal or adjustment for any debit entries created in error) to my account at the designated depository named below.

I hereby accept responsibility to notify Golden Clay Ministries of any changes in the depository, or account number, in a timely manner. Furthermore, I also agree to notify Golden Clay Ministries in the event of an error in this payment and assist them in resolving it.

I authorize my bank to pay Golden Clay Ministries \$\_\_\_\_\_ per month beginning \_\_\_\_\_ (please indicate month and date). Recurring payments will be made on the same date each month.

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

**Please include your blank voided check.  
(No deposit slips, please.)**