



ELECTRONIC FUNDS TRANSFER FORM

10330 Staples Mill Rd.
Glen Allen, VA 23060
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vafoundationumc@vaumc.org

804.521.1121 or 1-800-768-6040 ext. 121

Complete this form, attach a voided check, and mail, email, or fax to the information above (ALLOW 3 BUSINESS DAYS FOR EFT TRANSACTIONS)

The Virginia United Methodist Foundation is hereby authorized to initiate withdrawal and deposit entries to the checking or savings account located at the institution named below. If necessary, a debit entry may be initiated for corrections only.

Church Name: _____
Church Email: _____ **Phone:** _____
Church Mailing Address: _____
City: _____ **ST:** _____ **Zip:** _____

BANK ACCOUNT INFORMATION

Account Name: _____
Account Number: _____ **Routing Number:** _____
Bank Name: _____
Bank address: _____
City: _____ **ST:** _____ **Zip:** _____
Bank Contact: _____ **Bank Phone:** _____
Savings: _____ **Checking:** _____ **Deposit only:** _____ **Withdrawals only:** _____ **Both deposits and withdrawal:** _____

PRIMARY CONTACT INFORMATION

Name: _____ **Title:** _____
Email: _____ **Phone:** _____

AUTHORIZATION

1st Authorized Signer

2nd Authorized Signer

| | | |
|------------------------|-------|-------|
| Name and Title: | _____ | _____ |
| Email address: | _____ | _____ |
| Phone number: | _____ | _____ |
| Signature: | _____ | _____ |
| Date: | _____ | _____ |

This form will apply to the accounts listed below:

All accounts: _____ **Specific accounts:** # _____ # _____ # _____ # _____

ATTACH **VOIDED CHECK** HERE
(A deposit slip will NOT be accepted)