



United Methodist

Church of the Good Shepherd

"connecting to broken and hurting people"

ELECTRONIC FUNDS TRANSFER (EFT) INFORMATION

Subject: Church of the Good Shepherd
Sunday Offerings
Electronic File Transfer (EFT)
Jan 7, 2019

Dear Member,

Thank you for your interest in participating in our church's electronic funds transfer as your means of providing tithing offerings to support the ministry of Church of the Good Shepherd. COGS has available the ability for direct EFT contributions.

Attached is a "Direct Deposit Authorization Form" which should be completed and mailed to the following address.

Bruce Galli, Financial Secretary
Church of the Good Shepherd
1500 Quentin Road
Lebanon, PA 17042

You may choose which day or days of the month you would like your contribution(s) to post to your bank. Option is 1st or 15th of each month. You may designate which COGS funds your offering should be applied to. Any undesignated contributions will go to the General Fund. You will also still receive envelopes should you decide to provide additional offerings.

Please note that you may participate now or at anytime in the future. Also you may withdraw from the EFT at anytime by notifying COGS in writing at the above stated address.

Should you have any questions on completing this form please contact Bruce Galli at 717-272-6940 or bgalli@comcast.net.

Bruce Galli
COGS Financial Secretary

AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER

I, the undersigned participant hereby authorize Church of The Good Shepherd (hereinafter called **COGS**) to initiate debit entries to my account indicated below at the bank or other financial institution named below (hereinafter called **BANK**) to debit the same to such account.

This authority is to remain in full effect until **COGS** has received written notification from me of its termination in such time and in such manner as to afford **COGS** or **BANK** a reasonable opportunity to act on it, or until **COGS** has sent me ten (10) day written notice of **COGS** termination of this arrangement.

PARTICIPANT INFORMATION

NAME: _____ BY: _____
Please type or print Participant's Signature

SS #: _____ TODAY'S DATE: _____ Envelope # _____ (please contact Church Office if you need a number)

COGS Fund(s): **General Fund: 100%**
or name other fund(s) and which percentage of your offering should go to each:
Fund _____ Percentage of each deposit _____ %
Fund _____ Percentage of each deposit _____ %
Fund _____ Percentage of each deposit _____ %

Date: Offering date(s) _____ monthly; (1st or 15th) for once monthly offerings.

BANK ACCOUNT INFORMATION (Attach copy of voided check)

Bank Name: _____ Bank Account #: _____

Bank 9-digit ABA Transit Routing #: _____ [] Checking **OR** [] Savings

Planned Offering: \$ _____ per month; or \$ _____ per date (if you choose multiple deposits per month)

COGS INFORMATION

COGS Name: Church of the Good Shepherd COGS Organizational ID #: 232065926

Attach voided check here	Jane M. Doe	101
	John P. Doe	60-142
	2020 Main Street	313
	Anywhere, PA 12345-6789	
	PAY TO THE ORDER OF	DATE
	SAMPLE CHECK	
	031301XXX :	00000123 :
		0101
	↓	↓
	Bank 9-digit ABA Transit Routing Number	Account Number