



Dutilh Church
(Cranberry or Mars Campus)
AUTOMATIC CONTRIBUTION ENROLLMENT
for Electronic Funds Transfer (EFT)

Name _____

Address _____

City/State/Zip _____

Please deduct from my account as follows:

Name of your Financial Institution _____

Type of Account

Checking

Savings

Transit/ABA # _____ see below

Account # _____ see below

I hereby authorize Dutilh United Methodist Church to deduct a contribution of

\$ _____ from my account on the 17th of every month, effective _____.

I understand that if I decide to discontinue this contribution plan, I will notify the church in writing at the following address.

Dutilh United Methodist Church
1270 Dutilh Road
Cranberry Twp, PA 16066

SIGNATURE: _____ DATE: _____

Please attach a VOIDED check from your account and mail both this form and voided check to the church.

John Doe	123
456 Shadey Lane	
Anytown, PA 78901	Date _____
Pay to the order of _____ VOID _____ \$	<input type="text"/>
Any National Bank	
Anytown PA 78901	
1:0433112386	1:123 4567 #123

Transit/ABA#

Account#

Any questions please contact Julie Hines at 724-776-1094 or accounting@dutilhumc.org.