

ELECTRONIC FUNDS TRANSFER to *Kidron Bethel Village*

Please print this form, complete and mail with a copy of a voided check or savings deposit slip to:

Director of Development
Kidron Bethel Village
3001 Ivy Drive
North Newton, KS 67117

Name

Address

City

State

Zip

New Authorization Change in Authorized Amount Change in Account

I/We hereby authorize BANK to process automatic debits on behalf of Kidron Bethel Village from the account listed below. In doing so, I authorize the below institution to honor said debits. **This authorization will remain in effect until and unless I give notification to terminate within then (10) days of next scheduled withdrawal.**

Bank Name

Address

City

State

Zip

Routing Number (Bank Use Only)

Account Number

Checking Savings

Monthly Amount:

- \$83.34 (Venture Club level)
 \$_____ Other

Date:

- 1st of each month
 15th of each month

Designation:

- Health Care Benevolent Fund
 Other _____

Signature _____

Signature _____