



# Grace Congregational Church (GCC) Electronic Funds Transfer Authorization Form

This form may be used by vendors, individual recipients, or employees to receive payment from Grace Congregational Church by direct deposit or to change/cancel existing direct deposit information.

### (Section 1) Transaction Type

- New setup (Section 2, 3, 5 and 6)
- Change financial institution (Sections 2, 3, 4, 5 and 6)
- Change account number (Sections 2, 3, 4, 5 and 6)
- Change account type (Section 2, 3, 4, 5 and 6)
- Cancellation (Sections 2 and 6 – Section 7 and 8 for Finance Dept. use)

### (Section 2) Payee Identification

Payee type:  Employee  Vendor/Contractor/Individual Recipient

Texas Identification Number (TIN)  
 Individual Taxpayer Identification Number (ITIN)  
 Employer Identification Number (EIN)  
 Social Security Number (SSN)

Identification Number  
 \_\_\_\_\_

Payee Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

### (Section 3) Account Information (Setups and Changes) (May be completed by financial institution)

Name of Financial Institution: \_\_\_\_\_ Account Type:  Checking  Savings

Routing Number (9 digits): \_\_\_\_\_ Account Number (maximum 17 characters): \_\_\_\_\_

### (Section 4) Existing Account Information (Changes Only)

Name of Financial Institution: \_\_\_\_\_ Account Type:  Checking  Savings

Routing Number (9 digits): \_\_\_\_\_ Account Number (maximum 17 characters): \_\_\_\_\_

### (Section 5) International Payments Verification (required)

Will these payments be forwarded to a financial institution outside the United States? . . . . .  Yes  No  
 If "Yes," also complete the ACH (Direct Deposit) Payment Destination Confirmation Form.

### (Section 6) Authorization for Setup, Changes or Cancellation (required)

I hereby authorize Grace Congregational Church, to deposit my payments to my financial institution electronically.  
 I understand that Grace Congregational Church will reverse any payments made to my account in error.  
 This authorization will remain in effect until Grace Congregational Church receives a written notice of cancellation from me (or my financial institution), or until I submit a new direct deposit form to the Finance Department.

\_\_\_\_\_  
 Signature Printed Name Date

### (Section 7) Cancellation by Grace Congregational Church (For Finance Department Use ONLY)

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

### (Section 8) Authorized Signature (For Finance Department Use ONLY)

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

Comments: \_\_\_\_\_

Please return your completed form to: Finance Department