



Open hearts. Open minds. Open doors.

St. Peter's United Methodist Church

12200 W.Forest Hill Blvd., Wellington, Florida 33414
561-793-5712 www.stpeters-umc.org

I/we hereby authorize St. Peter's United Methodist Church to initiate EFT debit entries(withdrawals) from my/our checking account for credit to St Peter's United Methodist Church PNC Bank checking account **on the first Monday of each month** in the amount of \$_____. This authority will remain in effect until I/we notify St. Peter's United Methodist Church otherwise. I/we acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. law.

Name of Your Bank:_____

Name(s) on the Account:_____

Your Bank's Routing/Transit Number:_____

(9-digit number found on lower left of check)

Your Account Number:_____

Account Owner's Signature(s)_____

Month First Payment is to be Debited:_____

Date This Form Completed:_____

Return, along with a voided check, too:

St. Peter's United Methodist Church
12200 W. Forest Hill Blvd.
Wellington, Florida 33414
Attn: Debbie Ferrugio

If you have any questions, please call us at 561-793-5712, ext. 13