



ELECTRONIC FUNDS TRANSFER to
Bethel College

Please complete and mail/return with a **COPY** of a voided check or savings deposit slip to:

Office of Development
Bethel College
300 E. 27th St.
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 Bethel College 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 ten (10) days of next scheduled withdrawal.**

Bank Name:

Address:

City:

State:

Zip:

Routing Number (Bank Use Only)

Account Number

Checking Savings

Monthly Amount:

Date:

\$83.34 (President's Club Level)

1st of each month

\$_____ Other

15th of each month

Designation:

Bethel College Fund

Academic Center

Endowment

Other _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Please attach a **COPY** of a voided check or savings deposit slip to this form