



# ELECTRONIC FUNDS TRANSFER to Bethel College

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

Office of Development  
Bethel College  
300 E 27<sup>th</sup> St  
North Newton KS 67117

## Personal Information

Name(s) \_\_\_\_\_ Class Year(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

- New Authorization     Change in Authorized Amount     Change in Account

I 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 at least 10 days before the date of next scheduled withdrawal.**

Bank Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Routing Number (Bank Use Only) \_\_\_\_\_ Account Number \_\_\_\_\_

- Checking     Savings

Monthly Amount:     \$85 (President's Club Level)     Other \$ \_\_\_\_\_

Date of Withdrawal:     5<sup>th</sup> of each month     15<sup>th</sup> of each month

### Gift Designation:

- Bethel College Fund  
 Other \_\_\_\_\_

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

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

Please attach a copy of a voided check or savings deposit slip to this form.