



**MOUNTAIN VIEW
CHRISTIAN CHURCH**
PO Box 93
1505 South Hwy 17
Mountain View, MO 65548
417-934-6843
mvchristian.org

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

I (we) hereby authorize Mountain View Christian Church (MVCC) to initiate entries to my checking/savings account at the financial institution listed below, and if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until MVCC is notified by me (us) in writing to cancel it in such a time as to afford MVCC and the financial institution a reasonable opportunity to act on it.

NAME _____

EMAIL _____

PHONE _____ DOB _____

NAME OF FINANCIAL INSTITUTION _____

ACCOUNT NUMBER _____

ROUTING NUMBER _____

AMOUNT _____

MONTHLY

WEEKLY

SIGNATURE _____ DATE _____



This is the bank's routing number.

This is your checking account number.

This is the check number.