



Retirement Living
Assisted Living
Nursing Care

"Providing quality
care for over
100 years."

408-412 East Main
P.O. Box 37
Goessel, KS 67053
(620) 367-2291 Phone
(620) 367-2294 Fax
www.bethesdahome.org

AUTHORIZATION AGREEMENT

for Pre-authorized Payments

to

Bethesda Home, Goessel, Kansas

I hereby authorize Bethesda Home to initiate debit entries via Electronic Fund Transfer from my Checking Savings account (*select one*) in the financial institution named below.

Please debit \$ _____ to such account.

Please increase my EFT by \$ _____ to a total of \$ _____

I request that the date for such payments be on the 1st or 15th of each month
OR 1st or 15th of each quarter (*March, June, September, December*).

Contribution for:

Undesignated Gift Benevolent Care Fund (Medicaid shortfall)

Resident Care Needs Endowment Fund Other _____

Financial Institution Name _____

Branch (*if applicable*) _____

City _____ State _____ ZIP _____

Transit/ABA No. _____ Account No. _____

This authority is to remain in full force and effect until Bethesda Home has received written notification from me of any changes or request to terminate this authorization in such time and in such manner as to afford Bethesda Home and the financial institution a reasonable opportunity to act on the request. Such written message may be mailed to the address below, or sent via e-mail to pflaming@bethesdahome.org or sent via FAX to Bethesda Home at 620-367-2294. Unwritten requests will not be accepted. Bethesda reserves the right to terminate this agreement if deemed necessary.

Name _____

Signature _____ Date _____

Please attach a voided, blank deposit slip or check blank to the bottom of this form to confirm accuracy of account numbers.

Print and sign your name and fill in the date this agreement was authorized.

Mail to: Pete Flaming
Bethesda Home
Box 37
Goessel, KS 67053

I wish to receive a receipt for each withdrawal

I wish to only receive the year-end summary receipt listing all withdrawals

For tax deduction purposes, a receipt of the total contributions received in a year will be sent to you after the close of the calendar year (*or your designated fiscal year*).

Operated by
Mennonite Bethesda
Society, Inc.