

Automatic Debit Authorization Agreement



I (we) authorize First Baptist Church, Midland, Texas to initiate debit entries to my (our) Checking or Savings account indicated below and the depository names below, hereinafter called Depository, to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. law.

Depository Name _____ Branch _____
Address _____ City _____ State _____ Zip _____
 Checking Savings
DFI/Routing # _____ Account # _____

Debits can be made to your account on the 5th and/or 20th of each month.
If these dates fall on a weekend, the entry will be made the next business day.

5th of each month Debit Amount \$ _____
20th of each month Debit Amount \$ _____
Total Monthly Debit Amount \$ _____

Please distribute the amount accordingly

General Operating budget Amount \$ _____
I wish to direct my Cooperative Gift as follows: SBC Cooperative Program CBF Ministries
Arise & Build Amount \$ _____
Other _____ Amount \$ _____
Total Monthly Amount \$ _____

A copy of your check or voided check must be attached for this form to be processed.

This authority is to remain in full force and effect until First Baptist Church has received written notification from me (us) of its termination and/or change in such time and in such manner as to afford First Baptist Church and the Depository a reasonable opportunity to act on it.

Name _____ Name _____
Signature _____ Signature _____
Date ____/____/____