Direct Debit Authorization

Customer: _____ Amount: _____
Address: _____ Frequency: Monthly (on the 20th)
_____ Bi-Weekly (on Wed.)
_____ Weekly (on Wed.)
Semi Monthly (5th & 20th)
Start Date: _____

I hereby authorize Bethel Baptist Church to initiate debit entries and, if necessary, credit correction and adjustment entries to my(our) account at the financial institution listed below.

□ Initial Enrollment □ Cancellation □ Change Information

(Financial Institution Name) (Branch)

(Address) (City/State) (Zip)

(Routing Number) (Account Number)

(Account Type) Checking Savings

This authority is to remain in full force and effect until "Company" has received written notification from the recipient of its termination in such a time and manner as to afford "Company" a reasonable time to act upon it.

(Recipient Signature) (Printed Name)

(Date)

(Please attach a voided check or financial institution account verification letter to this form.)

Drop in the box on the Church Office door.