

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBITS
PIONEER DRIVE BAPTIST CHURCH – ABILENE, TEXAS**

I, (we) hereby authorize Pioneer Drive Baptist Church – Abilene, TX to initiate debit entries to my (our) _____ **Checking** _____ **Savings** account (select one) indicated below and the depository named 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 U. S. law.

Depository Name _____ Branch _____
City _____ State _____ Zip _____
DFI/Routing No. _____ Account No. _____

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.

5 th of each month	Debit Amount _____
20 th of each month	Debit Amount _____

Please distribute the amount accordingly:

General Operating Budget	Debit Amount _____
Other (specify) _____	Debit Amount _____
Total Distribution Amount _____	

**A COPY OF YOUR CHECK OR A VOIDED CHECK MUST
BE ATTACHED FOR THIS FORM TO BE PROCESSED.**

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

Name _____	Name _____
Signature _____	Signature _____
Date _____	

_____ Please check here if you no longer wish to receive offering envelopes through standard mailings.