# 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)

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(Address) (City/State) (Zip)

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(Routing Number) (Account Number)

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(Account Type) ☐ Checking ☐ Savings

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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)

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(Date)

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

***Drop in the box on the Church Office door.***