Bethel Baptist Church
Authorization Agreement for Automatic Deductions (ACH)

I (We) here by authorize **BETHEL BAPTIST CHURCH** to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any entries in error to my account indicated below. I (We) acknowledge that the origination of ACH transactions to my account must comply with the provision of U.S. law.

Bank Information

_____
Bank/Financial Institution Name

_____ _____ **Type of Acct:** 0 Checking
Bank Routing (ABA) Number **Bank Account Number** 0 Savings
You can obtain your routing [ABA] number and account number on the bottom of your checks.

Attach a voided check for the account from which the debit will be made.

Bethel Baptist Church is authorized to debit my donation each month on the date(s) circled.
(Debit transactions can be made monthly by selecting one date or twice monthly by selecting both dates.)

5th of the Month $_____ 20th of the Month $_____

If the 5th or 20th fall on a weekend or Federal holiday, the deduction will occur on the following banking day.

Total Transfer each month: $_____

Please apply my donation as follows:
(If no designation is given, your gift will be directed to the General Fund.)

	5th of the Month	20th of the Month
☐ General Fund	$_____	$_____
☐ Building Fund	$_____	$_____
☐ Benevolence	$_____	$_____
☐ Other _____	$_____	$_____
☐ Other _____	$_____	$_____

_____
Printed Name

_____
Address

_____(__)_____
City/State **ZIP** **Phone**

This authorization will remain in effect until _____ or until Bethel Baptist Church has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the financial institution a reasonable opportunity to act on it. I understand that in order to automate recording of my donations, BBC may store my bank account information in their church management software. By signing this authorization I hereby acknowledge receipt of a copy of this signed authorization. This agreement supersedes any previous agreement with respect to the above account.

_____ Date_____
Signature