

First Baptist Church- Memphis ACH Authorization Form

PLEASE PRINT

NAME (on bank account or credit card) _____

FULL ADDRESS _____

PHONE # _____ EMAIL _____

I wish to have deductions taken from my ___ checking account ___ my credit card to be credited to my offering at First Baptist Church.

Checking Account Number _____

Bank Routing Number _____

Bank Name _____

OR

Credit Card Number _____

Expiration date _____

START DATE _____ AMOUNT _____

FREQUENCY: ___ weekly ___ monthly ___ Quarterly ___ semi-annually ___ annually

Day of week/month to be deducted _____

Continue deductions until _____ (DATE) or ___ until I provide a written notice to First Baptist Church, Attn: Finance Office, canceling my automatic deduction. Cancellations must be submitted at least 2 weeks prior to the next deduction date.

I hereby authorize First Baptist Church to initiate a deduction from my above listed account beginning on the start date listed above and continuing until the time period I stated above to be deposited towards my offering account at the church. I will receive quarterly statements reflecting the deposits of said deductions.

Printed Name

Date

Signature