

Bloomington Baptist Church

Authorization Agreement for Automatic Withdrawal of Funds

Name (as it appears on your bank account)

Street Address

City

State

Zip Code

Email Address

Telephone

Name of Bank

Bank Account Number

Please withdraw payments directly form my:

Amount to be withdrawn on the following day:

_____ Checking account (include voided check)

\$ _____ 5th of each month

_____ Savings account (include savings deposit slip)

\$ _____ 20th of each month

\$ _____ Total monthly withdrawal

I hereby authorize Bloomington Baptist Church to withdraw the above amounts from my bank account each month. I agree to pay any fees caused by insufficient funds in my account. I also agree to notify Bloomington Baptist Church of any change in the above information (i.e. closing a bank account or name on account), or I may be subject to a change fee. I understand that any changes to this agreement must be made in writing.

Signature

Date

Please attach a voided check or savings deposit slip to this form.