

CENTRAL BAPTIST CHURCH

AUTHORIZATION AGREEMENT FOR AUTOMATIC TITHE/OFFERINGS
(ACH DEBITS)

I (we) hereby authorize CENTRAL BAPTIST CHURCH, hereinafter called CBC, to initiate debit entries to my (our) Checking Account / Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and 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: _____

Routing Number: _____ Account Number: _____

This authorization is to remain in full force and effect until CENTRAL BAPTIST CHURCH has received written notification from me (or either of us) of its termination.

Name(s): _____ Envelope No. (if known): _____

Telephone Number: _____

Date: _____ **Signature:** _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

** **Date of Beginning Draft:** _____

Please designate:	Please indicate draft dates:		
Budget \$ _____	Weekly		
Building Fund \$ _____	Biweekly <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px;">Sunday – 1st 2nd 3rd 4th</td></tr></table>	Sunday – 1 st 2 nd 3 rd 4 th	
Sunday – 1 st 2 nd 3 rd 4 th			
Missions \$ _____	Monthly <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px;">Sunday – 1st 2nd 3rd 4th</td></tr></table>	Sunday – 1 st 2 nd 3 rd 4 th	
Sunday – 1 st 2 nd 3 rd 4 th			
NEXT Initiative \$ _____	Quarterly <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px;">Month – 1st 2nd 3rd</td></tr><tr><td style="padding: 2px;">Sunday – 1st 2nd 3rd 4th</td></tr></table>	Month – 1 st 2 nd 3 rd	Sunday – 1 st 2 nd 3 rd 4 th
Month – 1 st 2 nd 3 rd			
Sunday – 1 st 2 nd 3 rd 4 th			
_____ \$ _____	Other _____		

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM!