



AUTHORIZATION FOR PREAUTHORIZED PAYMENTS

Name(s) _____

I authorize Emmanuel Baptist Church to initiate electronic debit entries to my account at the financial institution (identified below); for the purpose of accomplishing the following preauthorized payments:

Frequency: Please select one or more options below:

_____ 1x per month (5th OR 20th circle one) _____ 2x per month (5th & 20th)

_____ Weekly on each Monday

(One week processing time is required to set up your debit; please keep that in mind when choosing your day / date.)

Designations: \$ _____ General Fund

 \$ _____ World Missions

 \$ _____ Campus Development

Total Amount Authorized: \$ _____

Please note: Your electronic debit will always be split in the above designations / amounts. It is not feasible for us to change the amount and designations with each deduction. If you would like to give to something special outside of these options, please write a check for that.

Upon completion, please turn this form in to the Finance Manager at the church office.

Financial Institution Name _____

Financial Institution Routing Number _____

Financial Institution City and State _____

Account Number _____ Checking _____ Savings _____

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in full force and effect until Emmanuel Baptist Church has received written notification from me of its termination in such time and in such manner as to afford Emmanuel Baptist Church a reasonable opportunity to act on it.

Signature: _____ Date: _____

Phone #: _____ Email: _____

A voided check is not required but is helpful. If you have one and would like to include it, please attach here.