

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 of	r more options belo	ow:	
1x per month (5 th OR 2	20 th circle one)	2x per month	$(5^{\text{th}} \& 20^{\text{th}})$
Weekly on each Monda	У		
(One week processing time is r day / date.)	equired to set up yo	our debit; please keep that in	mind when choosing your
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.			