

BETHANY BAPTIST CHURCH ACH AUTHORIZATION AGREEMENT

To: Bethany Baptist Church Member

Bethany Baptist Church (BBC) is authorized to make Weekly Bi-Weekly Monthly Other _____ (please specify) debits in the total amount of \$_____ from the account listed below, as my tithes/offerings to the church. I understand that this agreement will be active until I revise the amount included here or until I have discontinued this debit arrangement altogether, and have been notified that these changes are in effect. I understand that my preferences may be changed at any time as long as they are indicated in writing on the form that the church will provide. The church may elect to terminate all automatic debits associated with bank accounts with which there are recurring problems.

I agree that BBC's treatment of all authorized debits shall be as if each debit were a personal check signed by me, and I agree that if there are bank charges incurred due to insufficient funds in my account or due to the closure of an account, I will assume responsibility of reimbursing the church for any charges assessed.

MY FIRST DATE OF DRAFT IS CONTRACTED TO BE THE: _____ DAY OF: _____ 200 _____

PLEASE TYPE (OR) PRINT AND COMPLETE THE FOLLOWING INFORMATION:

1. MEMBER INFORMATION:

Last Name	First Name	Envelope #	
Mailing Address	City	State	Zip Code
Telephone	Email Address		

2. CONTRIBUTION INFORMATION:

Tithes: \$_____ Offering: \$_____ Ministries/Mission: \$_____ Other: \$_____
Mortgage Payment: \$_____ Building Maintenance: \$_____ Specify Ministry: \$_____

3. FINANCIAL INSTITUTION (BANK, SAVINGS AND LOAN, CREDIT UNION INFORMATION, OTHER):

Transit/ABA Number	Account Number		
Institution Name	Branch		
Mailing Address	City	State	Zip Code

PLEASE ATTACH TO THIS AUTHORIZATION A VOIDED CHECK FOR THE ACCOUNT TO BE CHARGED.

Mail this form to Bethany Baptist Church, 275 West Market Street, Newark, NJ 07103, Attn: Controller or drop it off to the Trustees.

The first payment for which your account will be automatically charged will not be less than 10 days from receipt of this signed authorization.

Signature of Depositor for Above Account _____ Date _____