

Authorization Agreement for Direct Payments (ACH Debits)

If you would like to set up an automatic withdrawal, please send this completed form and a **voided check or savings withdrawal slip** to:

Attn: Finance Department
First Baptist Church, Winter Garden
125 East Plant Street
Winter Garden, FL 34787

Contributions are automatically deducted from your account each Monday, based on the specifications below:

Name

Address

City *State* *Zip*

Home Phone *Work Phone*

I authorize First Baptist Church, Winter Garden, Florida, hereinafter called FBCWG to initiate debit entries to my (our) account listed below at the financial institution listed below, hereafter called Depository, and to debit the same to such account.

General Fund \$ _____ Building Fund \$ _____

Weekly *Bi-Weekly* *Monthly*

Financial Institution

Branch

City *State* *Zip*

Account Number *Checking* *Savings*

This authorization is to remain in force until FBCWG has received written notification from me (or either or us) of its termination in such time and in such manner as to afford FBCWG and Depository a reasonable time to act upon it.

Signature(s) *Date*