

First Baptist Church of Elyria, Ohio
Direct Debit Authorization Agreement

I/we hereby authorize First Baptist Church of Elyria, OH ("FBC") to instruct my financial institution to make my regularly scheduled contributions as outlined in the following instructions to FBC from the account listed below. This authority remains in effect until FBC has received written notification from me of termination in time to allow reasonable opportunity to act on it, or until FBC has sent me written notice of termination of the agreement.

Check one: New Authorization _____ Change of Instruction _____

Contact Information:

Name _____

Daytime Phone Number _____

Street Address _____

City _____ State _____ Zip Code _____

E-mail address _____

Signature _____ Date _____

Contribution Information:

Church Envelope Number _____

Frequency of Contribution (circle one) weekly monthly

Date of First Authorized Debit _____

Note: All contributions will be debited on the first business day of the week. Monthly authorized payments will occur after the *first* Sunday of each month.

Amount of Each Contribution:

General Fund \$ _____

Missions Fund \$ _____

Building Fund \$ _____

FBCS \$ _____

Total \$ _____

Financial Institution Information:

Name of Financial Institution _____

Account Type (circle one) checking savings

Account Number _____

Routing Number _____

Please attach a voided check Please place the completed form and voided check in the response envelope provided. Please mail to the church or drop off at the church office.

First Baptist Church
Attn: Treasurer
11400 LaGrange Road