

Macedonia Baptist Church

Direct Debit Form

Authorization Agreement

I hereby authorize **Macedonia Baptist Church** to initiate automatic debit to my account at the financial institution named below.

Further, I agree not to hold **Macedonia Baptist Church** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in withdrawing funds from my account.

This agreement will remain in effect until **Macedonia Baptist Church** receives a written notice of cancellation from me or my financial institution, or until I submit a new automatic debit form to the Financial Secretary.

Account Information

Name of Individual(s): _____

Amount to be Debited: _____

How Often: _____

Start Date: _____

Phone Number: _____

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please turn form into Offering Basket OR Office Inbox (located on outside wall going into Administrative Suite)