

DIRECT DEBIT FOR PAYMENT COLLECTION AUTHORIZATION FORM

NAME _____

DONOR ID # _____

PHONE # _____

PLEASE DIRECT DEBIT MY:

CHECKING

SAVINGS

PLEASE MAKE Weekly Bi-weekly Monthly DIRECT DEBITS TO:

ADD

CHANGE

DISCONTINUE

CHECKING:

Amount \$ _____

Account # _____

Routing # _____

ADD

CHANGE

DISCONTINUE

SAVINGS:

Amount \$ _____

Account # _____

Routing # _____

ADD

CHANGE

DISCONTINUE

OTHER:

Amount \$ _____

Account # _____

Routing # _____

***Please attach a voided check to this form for verification of account and routing numbers**

Fund Allocation:

- _____ General Fund
_____ Building Fund
_____ Missions Fund
_____ Other, Please Specify: _____

****The amount will be withdrawn on Friday's.**

Authorizing

Signature: _____

Date: _____

This authorization shall remain in full force and effect until such time I notify First Baptist Church of Lowell in writing - - using a copy of this and indicating cancellation - - that this authorization is terminated. I understand that the direct debits made by First Baptist Church of Lowell on my behalf are subject to the rules and regulations governing the account(s) which have been established by my bank. I agree to hold my bank and First Baptist Church of Lowell harmless of the acts or omissions on its part, except in those instances in which it has been found grossly negligent in its duties.