



Authorization Agreement for Automatic Payment

Company: Bridgewater Church of the Brethren

I.D. Number: 54-0625413

*Please attach a voided check for your checking account or a deposit slip for your savings account and return this form to –
Business Manager, Bridgewater Church of the Brethren
420 College View Drive, Bridgewater, VA 22812*

I hereby authorize BRIDGEWATER CHURCH OF THE BRETHREN to initiate debit entries or such adjusting entries, either debit or credit which are necessary for corrections from this account indicated below and the financial institution named below to debit such account.

Bank Name _____ Phone Number _____

City _____ State _____ Zip _____

Routing Number (9 digits) _____

SELECT ONLY ONE ACCOUNT

Checking Account Number _____

OR

Savings Account Number _____

Schedule for electronic fund transfer (check one):

\$ _____ Amount to be debited as indicated below: Debits should occur:

_____ On a weekly schedule on Monday (or the next banking day) for the previous Sunday

_____ On a monthly schedule on the 5th (or the next banking day) for the current month.

For Office Use Only

Startup Request or
 Change Request

Effective Date: ____/____/____

This authority is to remain in full force and effect until BRIDGEWATER CHURCH OF THE BRETHREN has received written notification from me/us of its termination and in such manner as to afford BRIDGEWATER CHURCH OF THE BRETHREN and the bank a reasonable opportunity to act on it.

Name _____

Signature _____ Date _____