

AUTHORIZATION AGREEMENT FOR DIRECT WITHDRAWALS
FOR
HILLCREST BAPTIST CHURCH
TAX ID# 741109724

PERSONAL INFORMATION

Name: _____
Street Address: _____
City/State/Zip: _____
Home Phone Number: _____
Work Phone Number: _____
E-Mail Address: _____

ACTION REQUESTED

Please select one of the following:

- This is a NEW giving request.
- Please REPLACE my current giving request already on file.
- Please REMOVE any active giving request on file.

CHOOSE FREQUENCY

- Once Per Month on the 5th
- Once Per Month on the 20th
- Twice Per Month on the 5th and 20th

AMOUNT OF GIFT

\$ _____

ACCOUNT INFORMATION (Please attach a voided check):

Name of Account Holder: _____
Bank Name: _____
Bank Routing Number (9 digits): _____
Account Number: _____

I (we) hereby authorize Hillcrest Baptist Church to initiate debit entries to my checking/savings account as indicated at the bank named above. This authorization is to remain in full force and effect until Hillcrest has received written notification from me (or either of us) of its termination in such manner as to afford Hillcrest and the bank a reasonable opportunity to act on it.

Name: _____ Social Security #: _____

Signed: _____ Date: _____

Name: _____ Social Security #: _____

Signed: _____ Date: _____

Note: All written debit authorizations should provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.