

DEBIT AUTHORIZATION

(Recurring Fixed Payments)

I (we) hereby authorize First Baptist entries in the amount of \$	on the 1 st and/o ctindicated below. I (we) fur ar called Financial Institution of ACH trans	r the 15 th of each month for rther authorize the financial on, to debit the same to such
(Financial Institution Name)		(Branch)
(Address)	(City/State)	(Zip)
(Routing Number)		(Account Number)
Type of Account Checking OR Savings		
This authority is to remain in full force and effect until Company has received written notification from me (or either of us) of its termination in such time an manner as to afford Company and Financial institution a reasonable opportunity to act on it.		
(Print Individual Name)		(Signature)
(Individual ID Number if needed)		(Date)

CONFIDENTIAL