## SECOND BAPTIST CHURCH AUTHORIZATION FORM FOR DIRECT DEBIT OF ACCOUNT

Name(s) as indicated on your account	
Check applicable election. In all cases, you	must sign this form in order for it to be valid.
New participantattach a void c savings account	check from your checking account or a deposit slip from your
Change of account and/or finance account or a deposit slip from ye	cial institutionattach a void check from your new checking our new savings account
Change of amount and/or distrib	oution of contribution
Cancellation of participation	
Account to be debited:	
Name of financial institution	
City and state of financial institution	
Checking acct. #	or Savings acct. #
Your contact information:	
E-mail address	Telephone Number
Monthly contribution to Second Baptist Chu	ırch:
Dollar amount to be debited on the 10th	day of each month (or next banking day) \$
Effective date:	y or Month Year
Distribution of contribution:	Budget \$
Other (specify)	
Other (specify)	
debit my account electronically. This author	f Liberty, Missouri, and the financial institution named above to rity will remain in effect until I have signed a new authorization for cancellation of my participation; confirmed e-mail is acceptable

Signature(s)\_\_\_\_\_ Date\_\_\_\_\_

for cancellations. I understand that I will not receive pre-notifications of withdrawals. I agree to comply fully

Please direct inquiries to the church finance office at (816)781-2824.

with all aspects of applicable laws. Please allow 30 days to process your request.