

Highland Colony Baptist Church Electronic Funds Transfer Authorization

NAME as it appears on your personal bank account:

(Please Print)

Action	ABA Routing # (9 digits)	Account Number (up to 17 digits)	Account Type
<input type="checkbox"/> Add <input type="checkbox"/> Change to: <input type="checkbox"/> Delete	_____ - - - - -		<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Financial Institution Name, City, State:			
Effective Starting Date:		Effective Ending Date:	
MY PERSONAL TITHE Transfer Amount and Frequency: <input type="checkbox"/> \$ _____ 1 st of the month <input type="checkbox"/> \$ _____ 15 th of the month			
BUILDING THE VISION Transfer Amount and Frequency: <input type="checkbox"/> \$ _____ 1 st of the month <input type="checkbox"/> \$ _____ 15 th of the month			

I authorize Highland Colony Baptist Church and my financial institution listed above to initiate electronic debit entries (direct transfers to Highland Colony Baptist Church), and if necessary, credit entries and adjustments for any debit entries made in error to my account as I indicated above. I understand that this authorization will cause any previously authorized direct transactions to other financial institutions through Highland Colony to be discontinued. This authority will remain in effect until I notify in writing to cancel it, allowing such time as to afford Highland Colony a reasonable opportunity to process the request.

NOTE: Actual transfer date may be after, but never before, actual 1st or 15th designated dates.

If you selected CHECKING account, please attach either a voided check or deposit slip to this form. If you selected SAVINGS account, please attach a deposit slip to this form. Verifying document must have pre-printed bank routing and personal account numbers.

Signature: _____ Date: _____