

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBIT ENROLLMENT (ACH)

COMPANY NAME: **Church At the Bay**

12157 W. Linebaugh Ave #375 Tampa, Florida 33626

I authorize CHURCH AT THE BAY to process debit entries to my account as indicated herein. I have attached a voided check or savings deposit slip.

*DEPOSITORY NAME: _____

CITY: _____ STATE: _____ ZIP: _____

Account Information:

Please take my gift payment directly from my:

___ Checking Account (**attach voided check or deposit slip**)

___ Savings account (**attach deposit slip**)

**ROUTING NUMBER: _____

***ACCOUNT NUMBER: _____

Frequency and amount of transfers:

___ 10th of every month or next business day in the amount of **\$41.00** (one child)

___ 10th of every month or next business day in the amount of \$ _____

This authority is to remain in full force and effect until Church at the Bay has received written notification from me of its termination in such time and in such manner as to afford Church at the Bay and DEPOSITORY a reasonable opportunity to act on it.

NAME _____
(Please Print)

(Signature)

(Date)

Key:

***Depository Name:** Name of your bank

****Routing Number:** 9 digit number on the bottom of your check (between the I: I: symbols)

*****Account Number:** 12 digit number on bottom of your check

*******REMINDER: PLEASE REMEMBER TO ATTACH A VOIDED CHECK OR DEPOSIT SLIP*******