**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 participant--attach a void check from your checking account or a deposit slip from your savings account

_____ Change of account and/or financial institution--attach a void check from your new checking account or a deposit slip from your new savings account

_____ Change of amount and/or distribution 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 Church:

Dollar amount to be debited on the ***10th day of each month*** *(or next banking day)* $ _____

Effective date: ☐ Immediately *or* Month _____ Year _____

Distribution of contribution: Budget $_____

Renovation Fund $_____

Other (specify) _____ $_____

Other (specify) _____ $_____

AUTHORIZATION:
I hereby authorize Second Baptist Church of Liberty, Missouri, and the financial institution named above to debit my account electronically. This authority will remain in effect until I have signed a new authorization form or until I have signed a written request for cancellation of my participation; confirmed e-mail is acceptable for cancellations. I understand that I will not receive pre-notifications of withdrawals. I agree to comply fully with all aspects of applicable laws. Please allow 30 days to process your request.

Signature(s)_____ Date_____

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