Last name _____

Bridgeway Church - Debit Authorization

If you would like to set up monthly automatic giving,
just sign the form and return it to our office.

I (we) hereby authorize **Bridgeway Church** to initiate debit entries (and appropriate adjustment entries) electronically to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for $_____ every:

Select one option:
_____ 5th day of the month.
_____ 20th day of the month.
_____ 5th and 20th days of the month.

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

_____ _____
(Financial Institution Name) (Branch)

_____
(Address) (City/State) (Zip)

_____ _____ Type of Acct: ☐Checking ☐Savings
(Routing Number) (Account Number)

This authority is to remain in full force and effect until BRIDGEWAY CHURCH has received written notification from me (or either of us) of its termination in such time and manner as to afford BRIDGEWAY CHURCH and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

_____ _____
(Print Individual Name) (Signature)

_____ _____
(E-mail) (Phone)

_____
(Date)