

Direct Payment Authorization Form

To enroll in the Direct Payment program, please complete all sections below, sign the authorization section, and return this form with a **voided check** to Memorial Baptist Church. If you have any questions, please contact Natalie Franke at 703-538-7000 or nfranke@memorialbaptistchurch.org.

Last Name: _____ First Name: _____

Address: _____

Phone Number: _____

Your Contribution Details: ☐ New Designation ☐ Change Designation ☐ Cancel

Amount:

I would like to make a regular contribution of \$ _____ at the following time/s:

- ☐ Twice Monthly on the _____ 1st _____ 15th _____ other
- ☐ Monthly on the _____ 1st _____ 15th _____ other
- ☐ Quarterly on the _____ 1st _____ 15th _____ other
- ☐ Other: _____

Bank Account Information: (Please attach voided check)

Bank Name: _____

Account #: _____ checking or savings (circle one)

Routing #: _____

Authorization:

By completing this form, I, _____, authorize Memorial Baptist Church to electronically debit my bank account using the information indicated above. I understand this transaction will be ongoing until I provide written notice at least 15 days before the next payment date. If any item is returned unpaid, I authorize an additional returned check fee of the maximum amount as allowed by the state to be charged to this account. I agree to notify Memorial Baptist Church if there are any changes to the account information listed above. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day.

Signature: _____

Date: _____