

# 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 \_\_\_\_\_ 15<sup>th</sup> \_\_\_\_\_ other
- Monthly on the \_\_\_\_\_ 1st \_\_\_\_\_ 15<sup>th</sup> \_\_\_\_\_ other
- Quarterly on the \_\_\_\_\_ 1st \_\_\_\_\_ 15<sup>th</sup> \_\_\_\_\_ 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: \_\_\_\_\_