



# Authorization Agreement for Automatic Payment

Company: Bridgewater Church of the Brethren

I.D. Number: 54-0625413

*Please attach a voided check for your checking account or a deposit slip for your savings account and return this form to –  
Business Manager, Bridgewater Church of the Brethren  
420 College View Drive, Bridgewater, VA 22812*

*I hereby authorize BRIDGEWATER CHURCH OF THE BRETHREN to initiate debit entries or such adjusting entries, either debit or credit which are necessary for corrections from this account indicated below and the financial institution named below to debit such account.*

Bank Name \_\_\_\_\_ Phone Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing Number (9 digits) \_\_\_\_\_

SELECT ONLY ONE ACCOUNT

Checking Account Number \_\_\_\_\_

OR

Savings Account Number \_\_\_\_\_

Schedule for electronic fund transfer (check one):

\$ \_\_\_\_\_ Amount to be debited as indicated below: Debits should occur:

\_\_\_\_\_ On a weekly schedule on Monday (or the next banking day) for the previous Sunday

\_\_\_\_\_ On a monthly schedule on the 5<sup>th</sup> (or the next banking day) for the current month.

**For Office Use Only**

Startup Request or  
 Change Request

Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*This authority is to remain in full force and effect until BRIDGEWATER CHURCH OF THE BRETHREN has received written notification from me/us of its termination and in such manner as to afford BRIDGEWATER CHURCH OF THE BRETHREN and the bank a reasonable opportunity to act on it.*

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_