

**AUTOMATED FAITHFUL GIVING
AUTHORIZATION AGREEMENT FOR ACH DEBITS**

COMPANY: Broad Street United Methodist Church

COMPANY ID NUMBER: _____

I (we) hereby authorize **Bank of Cleveland** to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) () Checking () Savings account (select one) indicated below and the bank named below to debit and/or credit the same to such account

In the amount of \$ _____ per month, beginning (date) _____

BANK INFORMATION

NAME OF BANK _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

TRANSIT NO. _____ ACCT NO. _____

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

NAME(S) _____ ENV. NUMBER _____
(PLEASE PRINT)

DATE _____ SIGNED X _____ SIGNED X _____

****Attach Voided Check Here****