ACH PREAUTHORIZED PAYMENTS AGREEMENT (DEBITS)

This is my authorization to Brookwood Baptist Church to automatically monthly debit

my _____ Checking ____Savings Account _____ _____
NUMBER *BANK TRANSIT/ABA NO*.

at _____ in _____, _____.
FINANCIAL INSTITUTION *CITY* *STATE*

Transaction debited on the 15th of the month _____.
Transaction debited on the 30th of the month _____.

I understand that this authorization will be in effect until I notify my financial institution in writing that I no longer desire this service, allowing it reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

I have the right to stop payment of a debit entry by notifying my financial institution before the account is charged. If an erroneous debit entry is charged against my account, I have the right to have the amount of the entry credited to my account by my financial institution, if, within 15 days following the date on which I was sent a statement of account or a written notice of such entry or 45 days after posting, whichever occurs first, I give my financial institution a written notice identifying the entry, stating that it is in error and requesting credit back to my account.

THIS AUTHORIZATOIN IS NON-NEGOTIABLE AND NON-TRANSFERABLE

_____
DONOR NAME

_____ _____
SIGNATURE *DATE*

PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP.