



Brookland Baptist Church

_____ New
_____ Change

Authorization Agreement for Direct Payment

Please indicate purpose of payment _____ Phase III

Participant Name _____ Identification # _____

Financial Institution _____ Branch _____

City, State, Zip _____

Routing # _____ Account # _____

Please indicate frequency of draft _____ Please indicate day if monthly or semimonthly draft

Weekly (every Friday) _____ 1st _____

16th _____ 1st & 15th _____

Please indicate start date _____ Amount to Draft: _____

I (we) hereby authorize Brookland to initiate debit entries, and if necessary debit corrections and adjustment entries to my (our) account indicated above at the depository financial institution named above and to credit the same should it become necessary. I (we) understand this authorization will be in effect until I (we) cancel it in writing and allow Brookland and the depository Financial Institution reasonable time to act upon the notification. I further understand that Brookland will impose a fee if funds are not available to pay such debit entry at the time of posting. Brookland reserves the right to terminate this agreement at anytime.

Name (please print) Signature _____ Date _____

Name (please print) Signature _____ Date _____

FORM MUST BE SIGNED AND A VOIDED CHECK MUST BE ATTACHED TO ENROLL IN DIRECT PAYMENT

Please return the completed form to the Finance Department. If you have questions, please contact us at 803-796-7525.