

Automatic Withdrawal Authorization Form

I hereby authorize Kossuth Street Baptist Church (KSBC) to initiate, on a monthly basis, debit entries and to initiate, when necessary, credit entries and adjustments for any debit entry made in error, with respect to the account and financial institution named below. This authority is to remain in effect until KSBC has received written notification terminating it. A termination notification received by the 10th of the month will take effect that month.

Check one:

- ADD – Debit my account as specified below.
- CHANGE – Change amounts, financial institutions, and/or accounts as shown below. In this case, only list desired changes.
- CANCEL – Stop my participation in the program.

Donor Information:

Your name: _____

Address: _____

Phone: _____

You will receive a year end tax deductible receipt at the above address.

Donation Information:

Missionary Name	Amount

Total monthly automatic debit amount requested: _____

To be withdrawn on the 1st or 15th (circle one): 1st 15th

Checking Account Information:

ABA/routing number: _____

Account number: _____

Name and address of your financial institution: _____

Name(s) of Account Holder(s) (please print): _____

Signature(s) of Account Holder(s): _____

Today's date: _____

You must include a voided check or a check in the amount of the first month's payment for checking account debit authorization.

Then mail this form and the check to:

Kossuth Street Baptist Church
2901 Kossuth Street
Lafayette, IN 47904
www.KSBC.net
(765) 448-1620 ext. 101