



DIRECT DEBIT APPLICATION

Envelope Number (if known): _____

Contributions to begin: ____/____/____

Please transfer my contribution

_____ Semi-monthly: transferred on the 1st & 15th

_____ Monthly: transferred on the ____ 1st or ____ 15th (select one)

Please transfer the amount to these accounts:

General Budget: \$ _____

Name on Account (**please print**): _____

Please accept my ongoing contribution from my:

- Checking account (attach voided check)
- Savings account (attach a savings deposit slip)

Routing Number (*located in between* □ :□ *symbol*) _____

Account Number: _____

I authorize Shandon Baptist Church to process debit entries from my account. This authority will remain in effect until I give reasonable notification to terminate this authorization or until the last specified payment date.

Authorized Signature on Account _____