

The Bridge Community Church

ACH Authorization Form



CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize The Bridge Community Church of Muncie to initiate entries to my (our) checking/savings accounts at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until The Bridge Community Church of Muncie is notified by me (us) in writing to cancel it in such time as to afford The Bridge Community Church of Muncie and the financial institution a reasonable opportunity to act on it.

(Name of Financial Institution)

(Address of Financial Institution – Branch, City, State, & Zip)

(Signature)

(Date)

(Name)

(Street Address)

(Phone Number & E-MAIL)

Amount: \$ _____

Frequency (please circle one): Weekly Bi-monthly Monthly

Date of First Withdrawal: _____

Financial Institution Routing Number: _____

Checking/Savings (circle account type) Account Number: _____

These numbers are located on the bottom of your check as follows:

Ⓜ 1 2 3 4 5 6 7 8 9 Ⓜ 1 2 3 4 5 6 7 8 9 0 1 2 3 Ⓜ
Routing Number Account Number

*Questions regarding this form should be directed to:
Hello@TheBridgeMuncie.com