

ACH Authorization Form

Credit/Debit Authorization

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)

(Email)

(\$ Amount)

Frequency (Circle One): Weekly Bi-Weekly Monthly

(Date of first Withdrawl)

(Financial Institution Routing Number)

(Financial Account Number)

Type of Account (Circle One): Checking Savings

* QUESTIONS REGARDING THIS FORM SHOULD BE DIRECTED TO:

FINANCE@THEBRIDGEMUNCIE.COM

