

Bethesda Christian Church Direct Debit Authorization Agreement

I/we hereby authorize Bethesda Christian Church of Sterling Heights, Michigan ("BCC") to instruct my financial institution to make my regularly scheduled contributions as outlined in the following instructions to BCC from the account listed below. This authority remains in effect until BCC has received written notification from me of termination in time to allow reasonable opportunity to act on it (approx. 5 business days), or until BCC has sent me written notice of termination of this agreement.

Check one: New Authorization Change of Instruction

Contact Information

Name: _____

Daytime Phone Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____

E-mail address: _____

Signature: _____ Date: _____

Contribution Information

Church tithe envelope number: _____

Date of first authorized debit: _____

Please note: These authorized contributions will occur **MONTHLY** on the 20th of each month

Tithes & Offerings	Enlarging Our Vision	Missions	Education	Scholarship Fund
\$	\$	\$	\$	\$

Total Amount of each monthly contribution: _____

Financial Institution Information

Name of Financial Institution: _____

Account Type (check one): Checking Savings

Account Number: _____

Routing Number: _____ (from lower left corner of check)

Please attach a voided check

Send completed form to: Bethesda Christian Church
Attention: Treasurer's Office
14000 Metropolitan Parkway
Sterling Heights, MI 48312