

First Baptist Church
Bank Draft Authorization Form
ECM Fees/Teacher Work Days

Type of account:

Checking
 Savings

Name on account _____

Financial Institution _____

Account # _____

Bank Transit/ABA # _____

Enclose (or scan and email) a voided check, deposit slip or copy of either. Any information received pertaining to the Bank Drafts will be handled by the Financial Coordinator and billing staff.

I hereby authorize First Baptist Church to draft the checking or savings account I have indicated in the amount equal to two weeks ECM fees on the 5th and 20th of each month.

Four times per year there will be 5 billing weeks per month. During these months, I authorize First Baptist Church to draft two weeks due on the 5th draft and three week due on the 20th.

For parents with after school children: I authorize First Baptist Church to draft on the 20th draft any teacher work day charges incurred.

I understand that I will not incur late charges while participating in this program.

I understand that this authorization will remain in effect until I complete a "Stop Bank Draft Authorization Form".

Name - Please print

E-mail address (required)

Signature

Date

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- *A \$36 returned item fee will be charged for any ACH transaction unable to be processed. More than one of these charges in a calendar year will result in termination from the bank draft program.*
 - *All transactions will be processed on the 5th or 20th of each month. If the draft date falls on a weekend or bank holiday your account will be drafted on the next business day. You will be reminded by email before your draft.*

At least 14 working days are required to set up drafts. You will be notified by email before your drafts begin. You should continue making payments until you receive verification your draft is in place.

Email Steve Goins, sgoins@mbservicesllc.net, with questions.