

**First Baptist Church
Credit Card/Bank Debit Authorization**

Name (please print): _____

Address: _____

City, State, Zip: _____

Donation:	Southern Baptist Convention/Cooperative Program	_____
	Cooperative Baptist Fellowship	_____
	First Baptist Church only (100%)	_____
	Here...for Life! Capital Campaign	_____
	Designated _____	_____
	Total Donation	\$ _____

Timing of donation: (check one) Monthly _____ Quarterly _____

Date of donation: (check one) _____ 1st day of month _____ 15th day of month

Select Type of Account:

_____ Checking (attach a voided check) _____ Savings

Routing number (first 9 digits, bottom left of check) _____

Account number _____

_____ Credit card Type of Credit Card _____

Card Number _____

Exp. Date _____

I authorize First Baptist Church to process debit entries to my account. I have attached a voided check. This authority will remain in effect until I give notification to terminate this authorization in writing. I understand that, if necessary, an adjusting debit or credit entry may be made to correct an error. I also authorize First Baptist Church to credit and/or debit my account for the correcting entries. I duly certify that I am an authorized signer of said account and have the right to enter into this agreement.

Authorized Signature _____ Date _____

If you have any questions, please contact: Steve Wofford, Administrator , at:

First Baptist Church
108 West College Ave.
Tallahassee, FL 32301
222-5470 x140