

## The Bridge Fellowship Automated Bank Debit Enrollment

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Select One Of The Following:

☐ New Enrollment    ☐ Change In Amount    ☐ Change In Account    ☐ Change In Date(s)

Please select the frequency and amount of transfer:

☐ 1<sup>st</sup> of every month or next business day in the amount of \$ \_\_\_\_\_

☐ 15<sup>th</sup> of every month or next business day in the amount of \$ \_\_\_\_\_

☐ 1<sup>st</sup> & 15<sup>th</sup> of every month or next business day in the amount of \$ \_\_\_\_\_

When do you want the auto debit to begin? (date of first transaction): \_\_\_\_\_

Account Information:

Please take my gift payment directly from my:

☐ Checking account (attach voided check)

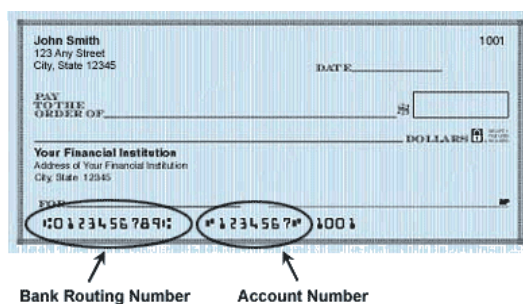
☐ Savings account (attach deposit slip)

Bank Routing No. (see example below for where to find this information)

\_\_\_\_\_

Account No. (see example below for where to find this information)

\_\_\_\_\_



### Authorization

I (we) hereby authorize The Bridge Fellowship to initiate debit entries to my (our) account as indicated herein. I have attached a voided check or deposit slip. This authority will remain in full force until The Bridge Fellowship has received written notification from me (us) of its termination and The Bridge Fellowship has been given reasonable opportunity to act on it.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\* Please Attach A Voided Check or Deposit Slip To This Form \*\***

Place in the giving box or turn it into the church office: 802 Brooks St, Sugar Land, TX 77478

Please contact Monica Gilbreath at (281) 494-3046 or [monicagilbreath@thebridge.me](mailto:monicagilbreath@thebridge.me) if you have any questions