

AUTHORIZATION FOR AUTOMATIC DEBIT

I authorize *Believers Together* and the bank named below to initiate debit entries from my checking/savings account. This authority will remain in effect until I request, in writing termination of this agreement. It will be my responsibility to notify the business office of *Believers Together* of any change of account number or financial institution. I will provide a voided check or deposit slip for verification of my account numbers.

Signature \_\_\_\_\_ Date \_\_\_\_\_
Name of Financial Institution \_\_\_\_\_
Address of Financial Institution \_\_\_\_\_ City, State, Zip \_\_\_\_\_
Checking \_\_\_\_\_ Savings \_\_\_\_\_
Account Number and/or Account Number
Amount (one amount must be Net) Amount
Routing Number \_\_\_\_\_ Date to Start \_\_\_\_\_

And everyday the Lord added to their number those who were being saved.

Acts 2: 47

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