BROADWAY BAPTIST CHURCH 7400 Getwell Road, Southaven, MS 38672 Online Giving Payment Transfer Authorization Form

I/we hereby authorize Broadway Baptist Church to initiate the specific payment instructions herein and any other future payment requests to my/our checking or savings account(s) at the financial institution listed below and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Broadway Baptist Church is notified by me/us in writing to cancel it in such time as to afford Broadway Baptist Church and the financial institution a reasonable opportunity to act on it.

Exact name as appears on financial institution account)	Email Notification Address
ame of Financial Institution)	
ddress of Financial Institution - Branch, City, State, & Zi	ip)
(Name of authorized signature on account)	(Phone xxx-xxxx)
Signature)	(Date)
Name of authorized signature on account)	(Phone xxx-xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
ignature)	(Date)
treet, City, State, Zip)	
Recurring Amount: \$	Beginning Date:
erm: []weekly []twice monthly []month	nly Ending Date: Until Notified or
Bank Name	Check Number
Your Name Your Address Your City, State Zip Attach a copy Interest P	y of check here

Complete and give or mail to our Finance Office. If you need assistance, call the office at (662) 349-2914.