

Bethlehem Baptist Church Automatic Withdrawal Authorization

___ New Enrollment

___ Change in Contribution

___ Change in Account

Name

Phone

Address

E-Mail

City State Zip

Campus

Date for first contribution _____

Fund Designation

Amount

Frequency cycle:

Fill These Cities: 25 x '25 \$ _____ / Month

Helping Hand \$ _____ / Month

Monthly _____

Twice a month (1st and 15th) _____

Weekly _____

Every 2 Weeks _____

Total

\$ _____ / Month

Please attach a voided check or savings deposit ticket with account number and routing number of the account that will be debited.

I authorize Bethlehem Baptist Church to process debit entries to my account. I have attached a voided check or savings account slip. This authorization will remain in effect until I give a reasonable notification to terminate this authorization.

Signature _____ Date _____

Send this completed form to:

Steve Walmsley
Financial Secretary
Bethlehem Baptist Church
720 13th Ave S
Minneapolis, MN 55415