



First Baptist Church of Augusta, Inc

Credit/Debit Authorization Form

I hereby authorize First Baptist Church of Augusta, Inc to initiate entries using South State Bank Business Banking Product to my checking / savings account at the Financial Institution listed below, and if necessary, initiate adjustments for any transactions processed in error. The authority will remain in effect until First Baptist Church of Augusta, Inc is notified by me in writing to cancel it in such time as to afford First Baptist Church of Augusta, Inc and South State Bank a reasonable opportunity to act on it.

Name:

_____ *Please Print*

Address: _____

Signature: _____

Date: _____

Name of Financial Institution: _____

Please Print

Address of Financial Institution: Branch _____

City _____

State _____ Zip _____

Checking/Savings Account Number: _____

Financial Institution Routing Number: _____

Look for the numbers between these symbols: ■ xxxxxxxx ■

Purpose of Transaction: _____

Amount of Transaction:* _____

Maximum Amount of Transaction:* _____

Please choose when to withdraw funds: **Monthly on 15th** _____ **or 30th** _____.

** Not applicable for Payroll transactions*

*******Attach Voided Check*******