



First Baptist Church of Augusta, Inc

Credit/Debit Authorization Form

I hereby authorize First Baptist Church of Augusta, Inc to initiate entries using Georgia Bank & Trust of Augusta's 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 Georgia Bank & Trust of Augusta 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*******