ALPHARETTA
FIRST BAPTIST CHURCH
ESTABLISHED 1905

DIRECT DEPOSIT AGREEMENT FORM

AUTHORIZATION AGREEMENT

I hereby authorize First Baptist Church of Alpharetta to initiate automatic deposits to my account at the financial institution named below. I also authorize First Baptist Church of Alpharetta to make withdrawals from this account in the event that a credit entry is made in error. Further, I agree not to hold First Baptist Church of Alpharetta responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. This agreement will remain in effect until First Baptist Church of Alpharetta receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

ACCOUNT INFORMATION (1)

Name of Financial Institution:_____
Routing Number: _____
Account Number: _____
Checking. ☐ Savings ☐
Deposit Amount: _____ OR Entire Net Amount _____

ACCOUNT INFORMATION (2)

Name of Financial Institution: _____
Routing Number: _____
Account Number: _____
Checking ☐ Savings ☐
Deposit Amount: $_____ OR Entire Net Amount _____

SIGNATURE

Authorized Signature (Primary):_____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please attach a voided check and return this form to the Finance Department at FBCA.