

**Authorization Agreement for Automatic Payments
(ACH Debits)**

**Company name: First Baptist Church Knoxville, 510 W. Main St., Knoxville, TN 37902
Company Tax I.D. Number: 62-0536727**

I hereby authorize First Baptist Church Knoxville hereinafter called "Company," to initiate debit entries and to initiate, if necessary, credit entries and adjustments for debit entries in error to my (our) _____ Checking _____ Savings account indicated below and the financial institution named below, hereinafter called "Depository" to debit and / or credit the same to such account.

Financial Institution: _____ Branch: _____

City: _____ State: _____ Zip: _____

**Transit/ ABA #: _____ Account #: _____
(9 positions)**

Transactions will occur on Monday when Sunday offering is counted.

Please select frequency and list amount to be withdrawn: (choose and specify one)

Weekly- Amount _____

Monthly- Amount _____

Quarterly- Amount _____

Other- Amount _____

Within the above amounts, please specify the following:

General Budget Offering _____

Fulfilling the Promise _____

Check one of the following for your missions giving:

___ CBF ___ SBC ___ Shared

**Above amounts may be changed or cancelled by contacting Phyllis Adams,
Administration Ministry Assistant at 865-546-9661 or padams@fbcknox.org.**

This authority is to remain in full force and effect until Company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Company and the financial institution named above a reasonable opportunity to act on it.

Name: _____

Date: _____ Signed: _____

***Signed: _____**

***Two signatures required for accounts in joint names.**