



Authorization for Direct Deposit

First Baptist Church – Georgetown 74-1356592

I hereby authorize FBG to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my checking account indicated below in the designated depository named below to credit and/or debit the same such account.

A voided check must accompany form.

Depository/Bank Name

Branch

City

State

Zip

Bank Routing Number

Account Number

Name (as it appears on your account)

This authority is to remain in full force and effect until FBG has received written notification from me of its termination in such time and in such manner as to afford FBG and Depository a reasonable opportunity to act upon it.

Social Security Number or Employer Federal Identification Number

Contact Email

Contact Phone

Signature _____

Date

[Please email the completed form and a copy of a voided check to accountspayable@fbg.church](mailto:accountspayable@fbg.church)

For FBG Office Use Only

Date Processed _____

Validation of information received from depository _____