**Great Bridge Presbyterian Church**

**AUTHORIZATION AGREEMENT**

**2024 ACH PREAUTHORIZED PAYMENTS (DEBITS)**

**(Revised 10/15/2023)**

**CONFIDENTIALITY CLAUSE – The church treasurer and financial secretary are the only congregational members aware of the giving amounts.**

**I hereby authorize Great Bridge Presbyterian Church and Truist Bank to initiate debit entries or such adjusting entries, either debit or credit, which are necessary for corrections, to my Checking \_\_\_\_\_ Savings \_\_\_\_\_ account, and the financial institution named below to credit (or debit) the same to such account using the following option:**

1. **On the 5th of each month for $\_\_\_\_\_\_\_ per month.**
2. **On the 20th of each month for $\_\_\_\_\_\_\_ per month.**
3. **Half ($\_\_\_\_\_\_\_\_) on the 5th and half ($\_\_\_\_\_\_\_\_\_) on the 20th of each month.**

**Please Print:**

**/**

**Name of Financial Institution (Bank or Credit Union) / Effective Date of 1st Withdrawal**

**/**

**Transit/Routing Number (9 digits) / Bank Account Number**

I understand that this authorization will be in effect until I notify the Church Treasurer in writing that I no longer desire this service, allowing reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

I have the right to stop payment of a debit entry by notifying the financial institution before the account is charged. If an erroneous debit entry is charged against my account, I have the right to have the amount of the entry credited to my account by my financial institution. I agree to give my financial institution a written notice identifying the entry, stating that it is in error, and requesting credit back to my account. I will provide this written notice within 15 calendar days following the date on which I was sent a statement of my account or a written notice of such entry, or 45 days after posting, whichever occurs first.

**Please PRINT Name (If Joint account, please list both names)**

**Social Security Number (of the one who signs below)**

**Signature (if joint account, only one signature is necessary) Today’s Date**

**\_\_\_\_\_ By initialing here, please accept this as my pledge for 2024 to begin on \_\_\_\_\_\_\_\_\_\_\_ .**

**(It will be your responsibility to let us know when you would like to stop your contributions.)**

**Please return with an attached VOIDED check to:**

**Debbie Acors, Treasurer, Great Bridge Presbyterian Church**