Great Bridge Presbyterian Church
AUTHORIZATION AGREEMENT
ACH PREAUTHORIZED PAYMENTS (DEBITS)

(Revised 12/1/2021)

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 2022 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