

The Bridge Fellowship Automated Bank Debit Enrollment

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Select One Of The Following:

- New Enrollment Change In Amount Change In Account Change In Date(s)

Please select the frequency and amount of transfer:

1st of every month or next business day in the amount of \$ _____

15th of every month or next business day in the amount of \$ _____

1st & 15th of every month or next business day in the amount of \$ _____

When do you want the auto debit to begin? (date of first transaction): _____

Account Information:

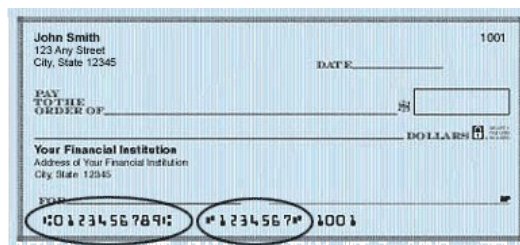
Please take my gift payment directly from my:

Checking account (attach voided check)

Savings account (attach deposit slip)

Bank Routing No. (see example below for where to find this information)

Account No. (see example below for where to find this information)



Bank Routing Number Account Number

Authorization

I (we) hereby authorize The Bridge Fellowship to initiate debit entries to my (our) account as indicated herein. I have attached a voided check or deposit slip. This authority will remain in full force until The Bridge Fellowship has received written notification from me (us) of its termination and The Bridge Fellowship has been given reasonable opportunity to act on it.

Name: _____

Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

**** Please Attach A Voided Check or Deposit Slip To This Form ****

Place in the offering plate or turn it into the church office: 802 Brooks St, Sugar Land, TX 77478

Please contact Eleanor Schoolar at (281) 494-3046 or eleanorschoolar@thebridgefellowship.com if you have any questions