



first baptist
— fort smith —

Automatic Draft Authorization

To utilize Automatic Drafts, please complete and return this form to Administration at the following address:

PO Box 609
1400 Grand Avenue
Fort Smith, AR 72902

I authorize First Baptist Church of Fort Smith, Arkansas, to initiate debit entries to my account indicated below and the depository financial institution named below.

FINANCIAL INSTITUTION NAME

CITY

STATE

ZIP CODE

ROUTING NUMBER

ACCOUNT NUMBER

These debit entries are to be made according to the following schedule:

_____ each week on Monday

_____ 1st & 16th day of each month

_____ 15th of each month

Please attach a voided check on the above account in order that we may verify the numbers provided.

This authorization is to remain in full force and effect until First Baptist Church of Fort Smith, Arkansas, has received written notification from me (or another person on this joint account) of its termination or change. I understand that changes of any type require a notice of at least 10 business days to allow First Baptist Church of Fort Smith, Arkansas, and their bank reasonable opportunity to act upon my request.

NAME(S) ON ACCOUNT (PLEASE PRINT)

SIGNATURE

SIGNATURE

DATE