



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:

____ 15th day of each month ____ 1st & 16th day of each month
____ 15th & 30th (31st if applicable) of each month ____ Each week on Monday

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

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.

NAMES(S) ON ACCOUNT (PLEASE PRINT) CUSTOMER I.D. NUMBER

SIGNATURE SIGNATURE DATE