



**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*

Amount: \$ \_\_\_\_\_

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

- \_\_\_\_\_ each week on Monday
- \_\_\_\_\_ 1<sup>st</sup> & 16<sup>th</sup> day of each month
- \_\_\_\_\_ 15<sup>th</sup> 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*