



**AUTHORIZATION FOR
DIRECT PAY
CONTRIBUTION**

NAME _____ PHONE _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____

NAME OF FINANCIAL INSTITUTION _____
TYPE OF ACCOUNT: ___ CHECKING ___ SAVINGS
ABA/ROUTING NUMBER _____ (FROM CHECKING ONLY)
ACCOUNT NUMBER _____

AMOUNT TO BE DEBITED \$ _____
CREDIT TO CONTRIBUTIONS AS FOLLOWS: \$ _____ TITHE \$ _____ GTV

I hereby authorize **Jersey Baptist Church**, located at 13260 Morse Road, Pataskala, Ohio 43062, To initiate ___ bi-weekly ___ monthly debits, beginning _____ and continuing each bi-weekly period/month thereafter, for my ___ Tithe ___ GTV Contributions; And for the financial institution, specified above, to pay the amount from my checking or savings account as indicated. I understand that both Jersey Baptist Church and my financial institution reserve the right to terminate this payment plan or my participation therein. This authority is to remain in effect until revoked by me in writing. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law.

DATE: _____ SIGNED: _____