



DIRECT DEBIT APPLICATION FOR SHANDON BAPTIST CHURCH

Envelope Number (if known) _____ Contributions to begin: ____/____/____

Please transfer my contribution:

____ Semi-monthly (transferred on the 1st and 15th)

____ Monthly (transferred on the ____ 1st or ____ 15th – Check ONE)

\$ _____

Please transfer the amount to these accounts:

General Budget \$ _____

Name on Account (PLEASE PRINT) _____

Please accept my ongoing contribution from my:

____ Checking Account (Attach a voided check)

____ Savings Account (Attach a savings deposit slip)

Routing Number (between these two symbols :): _____ **Account Number** _____

I authorize Shandon Baptist Church to process debit entries from my account. This authority will remain in effect until I give reasonable notification to terminate this authorization or until the last specified payment date.

Authorized Signature on Account _____ **Date** _____

Shandon Baptist Church 5250 Forest Drive Columbia, South Carolina 29206 803.782.1300