



bmm
FOUNDATION

PRE-AUTHORIZED SUPPORT AGREEMENT

I (we) hereby authorize **Baptist Mid-Missions Foundation** to initiate debit entries, as indicated below, to my (our) bank account, information for which is also listed below. This authority is to remain in full force and effect until Baptist Mid-Missions Foundation and the Bank have received written notification from me (or either of us) of its termination in such time as to afford Baptist Mid-Missions Foundation and the Bank a reasonable opportunity to act on it. A customer has the right to stop payment on a debit entry by notification to the Bank prior to charging account. After an account has been charged, a customer has the right to have the amount of an erroneous debit immediately credited to his account by Bank up to 15 days following issuance of statement or 45 days after posting, whichever occurs first.

Please this box if this form replaces a prior authorization

<p>DAY OF TRANSFER, please check one:</p> <p><input type="checkbox"/> 5th of each month <input type="checkbox"/> 20th of each month</p> <p>MONTH / YEAR TO BEGIN: _____</p> <p>PHONE #: (for internal use only) _____</p>	<p>ACCOUNT TYPE, please check the appropriate box:</p> <p><input type="checkbox"/> CHECKING: Please include a voided check or a printout *</p> <p><input type="checkbox"/> SAVINGS: Please include a printout *</p> <p><small>* Printout showing bank name, bank routing number, and your checking or savings account number. This information is typically available within your bank's online banking platform.</small></p>
<p>DONOR #: _____ or <input checked="" type="checkbox"/> if 1st gift <input type="checkbox"/></p>	<p>BANK NAME: _____</p>
<p>NAME and ADDRESS - please include title(s):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Spouse's first name (if applicable): _____</p>	<p>AUTHORIZED SIGNATURE & DATE:</p> <p>X _____ / /</p> <p>AUTHORIZED SIGNATURE & DATE (when 2 signatures are required):</p> <p>X _____ / /</p>
<p>If different than above - How is the bank account titled on bank records?</p>	

MINISTRY/PROJECT NAME	PROJECT # (if known)	MONTHLY SUPPORT
TOTAL MONTHLY GIFT:		\$

Submit by mail: Diane Folkmann – Baptist Mid-Missions Fdn – PO Box 308011 – Cleveland OH 44130-8011
Submit by encrypted email connection: Email Cheryl Wright cwright@bmm.org - Request a secure email link.