

Direct Deposit Authorization Form

First Presbyterian Church

Jackson, Tennessee

I/we authorize First Presbyterian Church, Jackson, Tennessee, to initiate electronic debit entries to my:

_____ checking account (or) _____ savings account

for payment of my church pledge. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

FINANCIAL INSTITUTION NAME: _____

ACCOUNT NUMBER AT FINANCIAL INSTITUTION: _____

FINANCIAL INSTITUTION ROUTING NUMBER: _____

FINANCIAL INSTITUTION CITY AND STATE: _____

Please select one of the options below:

_____ weekly amount, to be debited on Mondays Amount: \$ _____

_____ monthly amount, to be debited on the second Monday of each month
Amount: \$ _____

_____ one-time transfer, to be debited on _____ (date)
Amount: \$ _____

Signature: _____

Date: _____