Direct Payment

AUTHORIZATION FOR DIRECT PAYMENT

I authorize Memphis School of Preaching and the financial institution listed below to initiate electronic entries in the amount of $_____.___ to my checking/savings account on or around the 15th of each month. This authority will remain in effect until I notify Memphis School of Preaching in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment on any entry by notifying my financial institution 3 days before my account is charged.

☐ checking account ☐ savings account

FINANCIAL INSTITUTION

NAME (PLEASE PRINT)

BRANCH

ACCOUNT NUMBER AT FINANCIAL INSTITUTION

CITY STATE

SIGNATURE

TRANSIT ROUTING NUMBER

ACCOUNT NUMBER INFORMATION

Attaching a voided check or deposit slip is preferred for accounting accuracy.