

# Mississippi Avenue Baptist Church Automated Bank Debit Enrollment

To enroll, please complete this form and mail with a voided check or deposit slip to:

**Mississippi Avenue Baptist Church**  
**c/o Riley Albertson**  
**13231 E. Mississippi Avenue**  
**Aurora, CO 80012**

**Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: (Home) \_\_\_\_\_ (Cell): \_\_\_\_\_ Email: \_\_\_\_\_

**Select one of the following:**

- New Enrollment  Change in Amount  Change in Account

**Please select frequency and amount of transfers:**

1<sup>st</sup> of every month or next business day in the amount of \$ \_\_\_\_\_

1<sup>st</sup> & 15<sup>th</sup> of every month or next business day in the amount of \$ \_\_\_\_\_

- **When do you want the Auto Debit to begin? (date of first transaction)** \_\_\_\_\_

**Account Information:**

Please take my gift payment directly from my:

Checking Account (attach voided check or deposit slip)

Savings Account (attach deposit slip)

Account Number: \_\_\_\_\_

Routing Number (number between the I: I: symbols): \_\_\_\_\_

**Authorization:**

I authorize Mississippi Avenue Baptist Church to process debit entries to my account through Good Shepherds Bank eCheck online processing system as indicated herein. I have attached a voided check or savings deposit slip. If payment is dishonored by my financial institution due to insufficient funds or closed account, I agree to pay a service charge of \$20 or the maximum amount allowed by law. This authority will remain in effect until I give reasonable notification to terminate this authorization.

**Authorized Signature:** \_\_\_\_\_

**\*\*Attach Voided Check or Deposit Slip to this form.\*\***

\*All gifts are tax-deductible.

\*If you have questions contact Riley Albertson at 303.344.0226 or ralbertson@mabc.us