

First Baptist Church
Stop Bank Draft Authorization Form
ECM Weekly Fees/Teacher Work Days

Name on Account (Please print)

I hereby authorize First Baptist Church to discontinue the bi-monthly bank drafts on the above account. The last draft to my account should be _____. I understand late charges may be incurred if payment is not received by Friday of each week.

Signature

Date

Email address for confirmation (required)

This form must be completed and returned to Nancy Bass no later than the 1) 25th of the month prior the 5th draft and 2) 10th of the month prior to the 20th draft.