

**Direct Debit of Bank Account
Authorization Agreement for Automatic Debits**

Fax To: 334-272-9511

Or

**Mail To:
Gateway Baptist Church
3300 Bell Road
Montgomery, AL 36116**

I authorize the above church and the financial institution listed below to electronically debit my account for the specified Checking Savings Account each month for sponsorship of a child in India.

Child's ID number

Amount to be debited each month

Day of month to debit

Bank Name

Branch

City

State

Zip Code

BankTransit/ABA Number

Account Number

This authority will remain in effect until I have filed a new authorization, or until revoked by me in writing.

Name (Please Print)

Phone Number

Signature

Date

Please staple to this form a voided check to verify bank account information for debits from a Checking Account or a Savings Account.