



**ATTACH A VOIDED CHECK
HERE, IF AVAILABLE.**

FIRST PRESBYTERIAN CHURCH

Bank Draft Authorization

Please complete the form below and return it to the business office of the church by mail, in person or email to trayne@fpcgastonia.org. If you have any questions or concerns about your account, please contact Tracy Rayne at (704)864-2651 ext. 122.

Child's Name: _____ Monthly Amount to Be Drafted: \$ _____

Mailing Address

***Please Note:** Your account will draft on the first business day of the month.

Name(s) on Account to be drafted

Address City, State, Zip

Draft Information

****Please attach a voided check below****

Name of Bank

Bank Account Number

Bank ABA (Routing#)

Account Type: () Checking () Savings

I authorize First Presbyterian Church to draft the account identified above each month for tuition to the First Presbyterian Church *After School Enrichment Program* or *Presbyterian Weekday School Program* (circle one). Additionally, I authorize my financial institution identified above to debit the same amounts from my account monthly. Beginning _____ 2016 and running through May 2017.

Authorized Signature: _____ Date: _____

Email Address: _____ Telephone: _____