

Central Baptist Church of Bearden
6300 Deane Hill Drive
Knoxville, TN 37919-4999
(865) 588-0586

Direct Deposit Authorization

Envelope number: _____

Authorization Date: _____

Termination Date: _____

Total amount to be
Transferred monthly: \$ _____

____ 60% TBC—40% SBC
____ 60% TBC—40% CBF
____ 43%TBC—28.5% SBC—28.5% CBF

Amount to the Budget: \$ _____
Amount to Capital Improvements \$ _____
Amount to Other: \$ _____

From: Account Holder:

Account Type (check one Checking Savings)

Account Number _____

Transit/Routing Number _____

Bank Name _____

Branch _____

To: Central Baptist Church of Bearden
#0338070150
Home Federal Bank of Tennessee

These accounts remain subject to their individual conditions, which are not modified by this authorization. If a transfer is made from a savings account, you retain the right to require not less than 7 days written notice of withdrawal.

If no termination date is specified, this authorization will remain in effect until termination by any one of us. You may terminate this authorization by giving us 15 days written notice. Notice to any one of us is notice to all.

(Signature) (Date)

(Signature) (Date)

Please attach a voided check or deposit slip.

Prepared by: _____