

**WRTW PLEDGE FORM
DIRECT-DEBIT AUTHORIZATION**

Name _____

Direct-Debit Authorization

Pledge Amount: \$ _____

I hereby authorize WRTW, a ministry of First Baptist Church of Hammond, to debit \$ _____ from my checking/savings account each month, not to exceed the pledged amount. The debit will be processed on the last Monday of the month.

Account Information

Bank Name _____

Bank Address _____

City _____ State _____ Zip _____

Account Number _____

Routing Number _____

Account Type (Circle one): Checking Savings

Signature _____ Date Signed _____



A Ministry of First Baptist Church of Hammond

507 State Street ~ Hammond, Indiana 46320