
BAPTIST CHURCH PLANTERS

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Grafton, OH 44044
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Fax 440.748.1837
bcp@bcpusa.org

AUTOMATIC SUPPORT PLAN REQUEST

I / We want Baptist Church Planters to automatically take \$_____ per month from my / our checking/savings account on the _____15th or the _____25th of each month until further notice.

Financial Institution _____

Financial Institution Address _____

Account # _____ Routing # (9 digit number) _____

Missionary/Project Designated: _____

Note: Unless you otherwise direct, automatic support will be designated for the project / missionary noted on the last receipt form.

Please Note: We must have a voided check to process your request.

X _____ Date _____
(Authorized Signature Required)

Name _____

Address _____

City _____ State _____ ZIP _____

Phone Number _____

Email _____

(Your monthly receipt will be emailed to this address)