

Send your completed agreement (with attachment) to:

Firewheel Bible Fellowship
Business Office
2302 Firewheel Parkway
Garland, TX 75040



FOR OFFICE USE ONLY:

Date Received _____

Account # _____

Date Initiated _____

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

- Please type or print legibly in ink.
- Check the correct box to indicate whether this is a new application or a change.
- Attach a voided check to your completed application.
- Return your completed application to the address listed above. New Change

Name	Date of Birth	
Address	Spouse (if applicable)	
City	State	Zip Code
E-mail Address	Telephone Number ()	

I (we) hereby authorize Firewheel Bible Fellowship to initiate debit entries to my (our) Checking Account/ Savings Account (select one) indicated below at the depository financial institution named below and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution	Branch Name or Address	
City	State	Zip Code
Account Number	Routing Number	

Contribution Amount \$ _____

Frequency: Debit contribution amount . . . (chose one)

Weekly-Every Sunday

Bi-Monthly-(chose one) 1st & 3rd Sunday 2nd & 4th Sunday

Monthly-(chose one) 1st Sunday 2nd Sunday 3rd Sunday 4th Sunday

This authorization is to remain in full force and effect until Firewheel Bible Fellowship has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Firewheel Bible Fellowship and the depository financial institution a reasonable opportunity to act on it.

Name (typed or printed)

Signature

Date

Name (typed or printed)

Signature

Date

—You must attach a voided check from your financial institution to your completed application—

NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

