FIREWHEEL BIBLE FELLOWSHIP

WELCOMING THE WEARY • PREPARING FOR PURPOSE • REACHING THE WORLD

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Return your completed application with a voided check to:

Firewheel Bible Fellowship
Business Office
705 W. Avenue B, Ste 306
Garland, TX 75040

Name	Spouse (if applicable)
Address	Telephone Number ( )
City	State Zip

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
City	State Zip
Account Number	Routing Number

General Fund Contribution Amount $_____

□ Weekly-Every Sunday

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

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

---

Building by Faith Contribution Amount $_____

□ 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 (printed) Signature Date

_____ _____ _____
Name (printed) Signature Date

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