EFT APPLICATION

Fellowship Chapel Automatic Withdrawal Plan Authorization and request to honor preauthorized electronic debits drawn by Fellowship Chapel. Today's Date: ____ Member I.D.#: ____ Birth Month: ____ Member's Name: State Address: _ City Zip Phone Numbers: H _____O _____ Email Address: Debits will be made: __5th or__10th or__15th or__20th or__25th or__30th of the month. Apply my contribution as follows: Date Date End Start Amount Tithe **Building Fund FCCC Special Love Offering Church Anniversary** Men's Day Women's Day Youth Day Jubilee Total Bank/Branch_____ City/State/Zip____ As a convenience to me, I authorize you to pay and charge to my account debits drawn on my account and payable to the order of Fellowship Chapel, Detroit, Michigan. I agree that your rights in respect to each such debit shall be the same as if it were drawn against my account with your bank and signed personally by me. **Please attach a voided check to this form.** Account Number: Bank Transit Route Number: Savings: _____ Checking: ____

Customer Signature: