



AUTOMATIC WITHDRAWAL AUTHORIZATION

CHOOSE A CAMPUS

Grapevine Downtown Fort Worth Plano Miami

BANK INFORMATION

Bank Name _____

Routing # _____ Account # _____

WITHDRAWAL OPTIONS

WEEKLY

On the _____ day of the week, please withdraw from my bank account the amount of \$ _____ .

TWICE MONTHLY

On the _____ & _____ day of the month, please withdraw from my bank account the amount of \$ _____ .

MONTHLY

On the _____ day of the month, please withdraw from my bank account the amount of \$ _____ .

I (we) authorize Fellowship Church, to initiate withdrawals from my account. This authorization is to remain in effect until Fellowship Church has received written notification from me (or either of us).

PRINT NAME _____ PRINT NAME _____

SIGN/DATE _____ SIGN/DATE _____

EMAIL _____ PHONE _____

Please place this card in the offering as it is passed during weekend experience or mail to church offices:
FELLOWSHIP CHURCH FINANCE OFFICE — 2450 N HWY 121 – Grapevine, TX 76051 – 972-471-5700

FELLOWSHIP

A silhouette of a city skyline with various skyscrapers and buildings, positioned behind the large text 'FELLOWSHIP'.

AUTOMATIC WITHDRAWAL FORM

REACH UP
OUT
IN

Decorative patterns including a grid of teal dots on the left and right, and diagonal teal and white stripes at the bottom.