

# Monthly Gift Program Authorization

**Checking Account**

**OR Credit or Debit Card**

Name On Account \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Checking Account # \_\_\_\_\_

Please Attach A Voided Check Here

Name On Card \_\_\_\_\_  
Billing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Card # \_\_\_\_\_  
Expiration Date \_\_\_\_\_ / \_\_\_\_\_  
\_\_\_\_ Visa    \_\_\_\_ MasterCard    \_\_\_\_ American Express  
Email Address (if available) \_\_\_\_\_

Please sign me up for the Automatic Monthly Gift Program! I wish to give \$ \_\_\_\_\_ per gift. Please charge my Checking Account or Credit/Debit card on the (please circle the desired date or dates)

1<sup>st</sup>    5<sup>th</sup>    15<sup>th</sup>    20<sup>th</sup>    25<sup>th</sup>

This authorization is to remain in effect until Faith Communications Corp has received my notification of its termination in such time as to afford them a reasonable opportunity to act upon it.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_