

Monthly AUTOMATIC Gift Authorization

Checking Account

OR

Credit or Debit Card

Name On Account _____

Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ - _____

Bank Routing # (9 digits) _____

Checking Account # _____

E~Mail Address _____

No Void Check Is Available

Name On Card _____

Billing Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ - _____

Card # _____

Expiration Date ____/____/____

____ Visa ____ MasterCard ____ Amex ____ Discover

E~Mail Address _____

Please sign me up for the Monthly Automatic 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)

5th

20th

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 _____