

*Pre-Authorized Payment (Debit) Service
Authorization Agreement*



DONOR INFORMATION

Name (Please Print)		FWBIM Account Number (if known)	
Home Address	City	State	Zip
()	()		
Home Phone	Other Daytime Phone	Email Address	

ACCOUNT INFORMATION

The account referenced below is: Checking Savings

Bank Name	Branch Address		
City	State	Zip	
Bank Transit/ABA Number	Account Number		

*Please **TAPE A VOIDED CHECK** (checking account) to the back of this form to verify bank account information and mail to CFO, FWBIM, PO Box 5002, Antioch TN 37011-5002*

DEBIT AGREEMENT

I (we) authorize Free Will Baptist International Missions and the financial institution indicated above to electronically debit my (our) checking or savings account once each month as specified below:

Designation for Missionary/Project Name	Amount
	\$
	\$
	\$
	\$
	\$
	\$
Total Monthly Gift Amount	\$

I wish to have my account debited for the total amount above on the 5th 20th of each month.

Signature	Date
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Free Will Baptist International Missions sincerely appreciates your partnership in ministry!

This authorization does not constitute a promise to give. This form authorizes Free Will Baptist International Missions to draft the above referenced bank account for the amount and in the method indicated. This authorization remains in full force and effect until Free Will Baptist International Missions receives written notice of its termination. This method of giving to Free Will Baptist International Missions is offered solely as a convenience to donors at their voluntary election. This authorization may be revoked at any time by written request to the Financial Operations Department of Free Will Baptist International Missions. Send all written correspondence to Director of Financial Operations, Free Will Baptist International Missions, 5233 Mt. View Rd., Antioch, TN 37013. Please contact the CFO with any questions by calling 877-767-7736. Tax identification number 62-0640156