



Faith Outreach Christian Life Center, Inc. / Richard B. Peoples Ministries, Inc.

Automatic Withdrawal Authorization

___ New Enrollment ___ Change in Contribution ___ Change in Card Information

Name

Address

City

State

Zip

Card Number: _____

Exp. Date: _____

I hereby authorize Faith Outreach Christian Life Center / Richard B. Peoples Ministries to debit my Debit/Credit Card every 1st of the month with the below described amount.

Fund Designation

Amount

Tithes \$_____ /Month

Offerings \$_____ /Month

Build. Fund \$_____ /Month

Pledge \$_____ /Month

Other _____ \$_____ /Month

RBPM \$_____ /Month

Total: \$_____ /Month

Funds will be debited every 1st of the month.

This authorization will remain in effect until I give a reasonable notification to terminate this authorization.

Signature: _____

Send this completed form to:

Faith Outreach Christian Life Center, Inc., Attn.: Kerstin Edwards, P. O. Box 1109, Hephzibah, GA 30815.