



Authorization Agreement

I would like to begin making my monthly contribution through automatic bank draft with a total monthly gift of \$_____. Please transfer my monthly gifts from my bank account. I understand that my future monthly gifts will be transferred directly from my bank account and will appear on my bank statement. If at any time I wish to increase, decrease or suspend my giving, I can contact Fellowship Memphis at 901-458-8899 or email Damon Conley at dconley@fellowshipmemphis.org.

PLEASE NOTE: 30 days advance notice from draft date required for cancellation.

Please divide my gifts in this way:

- A. _____ \$ _____
- B. _____ \$ _____
- C. _____ \$ _____

(Gifts can be distributed to FM General Fund, Engage Memphis Fund or Intern Accounts)
All gifts provided to Fellowship Memphis originating as ACH transactions comply with U.S. Law.

Personal Information

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Daytime Telephone: (____) _____

Email: _____

Date: _____

I would like the monthly bank-account transfer done on the following date(s):
 5th 20th 25th

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Signature

Authorized Signature (Primary): _____ Date _____

Authorized Signature (Joint): _____ Date _____

Please attach a voided check and return this form to Damon Conley at Fellowship Memphis · P. O. Box 11465 · Memphis, TN 38111