



**AUTOMATIC DEBIT AUTHORIZATION
FOR REGULAR GIVING TO GENERAL FUND**

I, _____, herein authorize and direct Faith Xtreme, Inc., P.O. Box 790, Eagle Lake, FL 33839, to debit the account indicated below in accordance with the following terms:

AMOUNT TO BE DEBITED: \$ _____
FREQUENCY: <input type="checkbox"/> Monthly on the 15 th day of each month
<input type="checkbox"/> Monthly on the 30 th day of each month
<input type="checkbox"/> Semimonthly on the 15 th and 30 th of each month

EFFECTIVE DATE: _____

This authorization will remain in full effect until terminated by any one of us. Termination of this authorization may be made by giving 15 days written notice.

ACCOUNT HOLDER: _____

ACCOUNT NUMBER: _____

ROUTING/TRANSIT NUMBER (9 DIGITS): _____

PLEASE ATTACH A VOIDED CHECK FROM THIS ACCOUNT.

This account remains subject to its individual terms and conditions, which are not modified by this authorization.

Authorized Signature (must be account holder):

Signature

Phone Number

Printed Name

Address

City, State, Zip

Date Signed