



FIRST BAPTIST
Pelham

AUTOMATIC BANK DRAFT FORM

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME NUMBER: _____ WORK NUMBER: _____

EMAIL ADDRESS: _____

FBCP ENVELOPE NUMBER: _____

I would like for my account to be debited:

- Weekly on _____ (day) in the amount of \$ _____
- Twice a month on the _____ (date) and _____ (date) \$ _____
- Monthly on _____ (date) in the amount of \$ _____

I would like for my gifts to be designated as follows:

- \$ _____ Tithes/Offering
- \$ _____ Debt Retirement
- \$ _____ Missions
- \$ _____ Other (Please explain) _____

By signing below, I authorize FBC Pelham to debit my account according to the instructions on this form.

Signature: _____ **Date:** _____

PLEASE ATTACH A VOIDED CHECK TO THIS FORM AND RETURN TO:

FBC PELHAM FINANCIAL OFFICE
2867 PELHAM PARKWAY
PELHAM, AL 35124