

AUTOMATIC DEBIT

We thank you for your prayer and financial support of this ministry to airline people throughout the world.

Over the years individuals have asked us to consider implementing automated debit capability whereby donors can have donations to FCAP automatically debited from their personal checking account each month. After extended research, we find it is now feasible for us to offer this option. If you would like to utilize this option for your own monthly donations to the FCAP ministry, please complete and return to our office the form below. In addition, you will need to provide for us a **voided** check which will verify pertinent information we need to supply to our bank. **All debit transactions will be made on the 5th of each month.** At any time you can withdraw this permission or have the amount changed. Simply notify the FCAP International Office accordingly at least one month prior to the next scheduled transaction.

Please be assured that we are not trying to push this option in any way. We are simply making it available for those who would like to utilize it. Some have told us they have difficulty remembering to send in their donation regularly and this method would help them be more consistent in their giving.

Once again, we want to thank you for co-laboring with us in reaching the airline world with the Good News and love of Jesus Christ.
For His glory,

(Mrs.) Cathy Goza
On Behalf of FCAP International



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I hereby authorize the Fellowship of Christian Airline Personnel to initiate debit entries to my checking or savings account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Number _____ Account Number _____

This account is Checking Savings Amount to be debited each month: _____

I understand that my account will be debited on the 5th of each month. I further understand that I can withdraw this permission or have the amount changed by notifying the Fellowship of Christian Airline Personnel International Office in writing at least 30 days prior to the next scheduled transaction. If for any reason **any** information stated in this authorization changes, I will notify the Fellowship of Christian Airline Personnel in writing at least 30 days prior to the next scheduled transaction and will complete an updated form.

Name: _____ E-mail: _____

Address: _____ Phone: _____
(Street)

(City) (State) (Zip)

Date: _____ Signature: _____

*Please mail this completed form, along with a voided check, to:
FCAP, 136 Providence Road, Fayetteville, GA 30215*