



CREDIT/DEBIT CARD AUTHORIZATION

I hereby authorize Grace Fellowship International to initiate monthly debit entries to my credit/debit card account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for \$. I acknowledge that the origination of credit/debit card transactions from my account must comply with the provisions of U.S. law.

(Credit/Debit Cardholder's Name)

(Billing Address) (City/State) (Zip)
(A GFI Representative will contact you for Security Code)

(Telephone)

(Account Number) (Expiration Date)

This authority is to remain in full force and effect until Grace Fellowship International has received written notification from me of its termination in such time and manner as to afford Grace Fellowship International and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Signature) (Date)

I ask Grace Fellowship International to apply this monthly donation to:

- General Fund, Freeman Support, Solomon Support, Clogg Support, Woodward Support, Other, Missions

FOR SECURITY PURPOSES, PLEASE FAX THIS FORM BACK TO GFI (865.429.0144)

NOTES: All written credit/debit authorizations must provide that the Receiver may revoke the authorization only by notifying the Originator in the manner specified in the authorization. All gifts made by credit/debit card transactions to Grace Fellowship International are tax deductible and donation receipts will be issued to donor upon notification of automated deposit.

GRACE FELLOWSHIP INTERNATIONAL
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