Egiving @ FIRST Baptist Church MELISSA

Submit by Email | Print Form

Name _____ Phone _____

Mailing Address _____ Email _____

City, State, Zip _____

Please select one of the following:

- ☐ This is a new or one-time giving request
- ☐ Please replace my current giving request already on file with this request
- ☐ Please remove any active giving request on file

Egiving request:

- ☐ One-time gift
- ☐ Monthly on the 5th
- ☐ Twice per month (on the 5th and 20th)
- ☐ Monthly on the 20th

Start date _____ General Budget _____ Greater Things _____

Bank information:

Name of account holder _____

Bank name _____

Bank routing number _____

Bank account number _____

☐ Checking account ☐ Savings account

Please attach a voided check (if not sending via email)

I hereby authorize First Baptist Church Melissa to initiate debit entries to my checking/savings account as indicated above at the bank named. This authorization is to remain in full force and effect until First Baptist Church Melissa has received written notice from me of its termination in such manner as to afford First Baptist Church Melissa and the bank and reasonable opportunity to act on it.

Signed _____ Date _____