

First Presbyterian Church

Automatic Debit Authorization

I hereby authorize **First Presbyterian Church, Clarksville TN** to automatically debit my checking account _____ (attach a voided check). I understand that my bank account will be debited on the **01st** of each month in the amount _____, beginning on _____ and ending on _____ (indicate month/year).

I also understand that this authorization will remain in full force and effect until paid in full or I notify First Presbyterian Church, Clarksville TN in writing that I wish to discontinue this automatic credit plan. I must provide FPC at least **10 days** advance notice of cancellation.

Please select one of the followings:

- Bicentennial Capital Campaign
- Pledge/Tithes

Signature (Bank Signature)

Please print name

* Please attach a voided check

TERMINATION OF THIS AGREEMENT: You may cancel this agreement by giving us written notice or you can come to the office located at **213 Main Street, Clarksville TN 37040** to sign this cancellation form.

Effective Date _____

The undersigned cancels this Automatic Credit Authorization.

Signature (Bank signature)