

First and 10 Automatic Giving Plan

I, _____, authorize Highpoint Church to initiate electronic debit entries to my

Check Account or Savings Account

in the amount of \$ _____ for the General Ministry Fund

on the fifth of each month
 twentieth of each month
 fifth AND twentieth of each month

Financial Institution Name (please print) _____

Account Number at Financial Institution _____

Financial Institution Routing/Transit Number _____

Financial Institution City and State _____

I acknowledge that the origination of ACH transactions to my account must comply with the provision of U.S. law. This authority will remain in effect until I have cancelled it in writing.

Date _____ Signature _____

Address _____ Phone Number _____

Please keep a copy of this authorization for your records.

Please staple voided check below and return to the Administration Office of Highpoint Church (6740 Reese Road, Memphis, TN 38133).