



**Friendship Missionary Baptist Church**

*Dr. Clifford A. Jones, Sr.-Senior Minister*

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 Charlotte, NC 28216  
 Phone—704-392-0392  
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**FIRST FRUITS MINISTRY**  
**S.W.I.P.E. \* CONTRIBUTION AUTHORIZATION**

*\*Stewards Willing to Initiate Payments Electronically (S.W.I.P.E.)*

**Enrollment Date:** \_\_\_\_\_

**Member/Cardholder's Name** (as it appears on the card): \_\_\_\_\_

**Member/Cardholder's Complete Billing Address:** \_\_\_\_\_  
 \_\_\_\_\_

**Member/Cardholder's Email Address:** \_\_\_\_\_

**Member/Cardholder's Contact Number** (with area code): \_\_\_\_\_

**Card Type (Circle One):**      VISA                  MASTER CARD                  AMEX                  DISCOVER

**Credit Card Number:** \_\_\_\_\_

**Credit Card Security Code (if any\*):**

\*This is the 3 or 4-Digit code on the back of your card at the end of your credit card number.

**Expiration Date:**

**Transaction Purpose (Circle One):**

Tithe                  Offering                  Capital Fund Pledge

**Amount:**

**Member/Cardholder's Signature Authorization (Required):**

Date:                  /                  /

**TRANSACTION DETAILS**

This ministry option has been implemented to provide ultimate convenience to our congregants. Gifts received via this method of payment will be reflected on the cardholder's contribution statement with those received via standard giving opportunities (i.e. plate collections, mailed contributions, stock contributions, etc.). To deactivate your enrollment at any time, please notify the Finance Department in writing at least two weeks prior to your next scheduled transaction date. As always, thank you for continuing to support the mission and ministry here at Friendship Missionary Baptist Church.

**Transaction Processing Options (Please check your selection.):**

Option 1. Process my card only when I initiate the transaction via an envelope in the offering collection.

Option 2. Process my card with the following transaction frequency:

Weekly, Mondays       Bi-Weekly, Mondays       Monthly, First Monday

**Envelope #:**

**STAFF USE ONLY**

**Staff Payment Processor:** \_\_\_\_\_

**Transaction Authorization Code:** \_\_\_\_\_      **Processing Date:** \_\_\_\_\_