

E-Giving Authorization Agreement

☐ New ☐ Change

Beginning date for transfers: _____

I/we authorize Faith United Methodist Church (FUMC) to initiate the following debit entries to my/our account as indicated below and for the depository institution named below to debit same to such account.

My **MONTHLY** gift is: \$ _____

Please draft my account on the following schedule:

- ☐ First Wednesday
- ☐ Third Wednesday
- ☐ First AND Third Wednesday
- ☐ EVERY Wednesday

Gift should be applied to the following purposes:

_____ %	Operating Budget
_____ %	Debt Reduction
_____ %	Other _____

I/we understand that this authorization will remain in full force and effect until FUMC has received written notification from me/us of its termination or change in such time and in such manner as to afford FUMC and the depository institution herein named a reasonable opportunity to act on said notification.

A VOIDED CHECK MUST BE ATTACHED FOR NEW AUTHORIZATIONS.

Depository (Bank) Name and Address:

(City) (State) (Zip Code)

Account Number _____

Transit/ABA Number (if known) _____

Name: _____

Phone Number: _____

Signed: _____

Date: _____

Note: Married couples receive joint contribution statements. If you wish to receive individual statements, please check here: ☐