Help us grow

UM EFT

A convenient, consistent way to help our church grow

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Enjoy the convenience of electronic giving

Our church offers electronic giving, which allows you to make donations on a scheduled, automatic basis. If you are writing checks and preparing envelopes every week, you will especially appreciate electronic giving. It is convenient for you and provides much-needed donation consistency for our church.

How to get started

To set up electronic contributions, **(a)** complete the authorization form on the right and return it to the church office or **(b)** visit the church website and follow the directions to donate.

Electronic contributions can be made using any of the following payment methods:

- Checking account
- Savings account
- Credit card
- Debit card

AUTHORIZATION FORM

Church name:

Your name:

Address:

City, State, Zip:

Email address:

I would like to make the following contribution(s):

☐ General Operating Fund $ _____
☐ Building Fund $ _____
☐ Other _____ $ _____
☐ Other _____ $ _____
Total $ _____

Date of first contribution: ___/___/___

Frequency of contribution (check one):
☐ Weekly – Mondays
☐ Semi-monthly – 1st and 15th
☐ Monthly on the 1st
☐ Monthly on the 15th

CHECKING / SAVINGS   *Complete this section if using your checking or savings account*

Please debit my (check one):

☐ Checking account—*attach voided check*   ☐ Savings account—*attach voided deposit slip*

Routing #:   Account #:

Valid routing # must start with 0,1,2 or 3

I authorize the above organization to process debit entries to the above account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized signature: _____ Date: / /

CREDIT / DEBIT CARD   *Complete this section if using your credit or debit card*

Please charge my (check one): ☐ Visa   ☐ MasterCard   ☐ Discover   ☐ American Express

Card #:   Expiration Date:

Name on card:

Billing Address (if different from above):

I authorize the above organization to charge the above card. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized signature: _____ Date: / /