

AUTHORIZATION FORM

we give

A Simpler Way to Give

NAME _____

ADDRESS _____

CITY / STATE / ZIP _____

PHONE _____

E-MAIL _____

FINANCIAL INSTITUTION _____

FINANCIAL INSTITUTION ADDRESS _____

CHECKING ACCOUNT NUMBER _____

SAVINGS ACCOUNT NUMBER _____

ROUTING TRANSIT NUMBER _____

Monthly gift amount: \$ _____

Please specify which of the following dates you would like your monthly deduction made: 5th or 19th of each month

Bi-weekly gift amount: \$ _____

Your bi-weekly gift amount will automatically be deducted on the 5th and 19th of each month.

Weekly gift amount: \$ _____

Your weekly gift amount will automatically be deducted on Tuesday of each week.

Your contribution will be recorded in accordance with your pledge card.

SIGNATURE _____

DATE _____

Mail this completed form with a voided check and/or deposit slip to the Business Office at Faith Community United Methodist Church at the address listed on the cover of this brochure.