

AUTOMATIC WITHDRAWAL AUTHORIZATION FORM

First United Methodist Church
Brighton • Whitmore Lake (810)229-8561

Dear Friends,

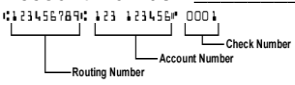
We invite you to consider offering your regular gift to the church through Electronic Fund Transfer. We offer our tithe once per month through EFT and find that it helps us to faithfully give and to budget, putting God first.

Below you will find instructions for establishing a recurring fund transfer from your bank account or your credit card. We invite you to return this form to the office by mail to 400 E. Grand River Ave. Brighton MI 48116 or drop it off the next time you are at the church.

If you currently give through EFT, thank you. You can modify your annual pledge using this form or the online form.

You bless the church, not only through your giving, but through EFT. Your regular, monthly gifts ease the work of financial planning throughout the year.

God's blessings,
 Pastor Lindsey and Pastor Jon

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| Effective date of authorization: _____ | | |
| Type of Authorization Form: <input type="checkbox"/> New Authorization <input type="checkbox"/> Change banking information <input type="checkbox"/> Change credit card information <input type="checkbox"/> Change donation amount <input type="checkbox"/> Discontinue electronic donation <input type="checkbox"/> Change donation date | | |
| Last Name | | First Name |
| Address | | |
| City | | State Zip |
| Please debit my donation from my (check one): <input type="checkbox"/> Checking Account (attach a voided check below) <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Credit Card _____ exp. _____ | | Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____  |
| DATE OF FIRST DONATION: ____/____/____ | FREQUENCY AND AMOUNT OF GENERAL FUND DONATION(S): <input type="checkbox"/> Monthly on the 1 ST \$ _____ <input type="checkbox"/> Monthly on the 10 th \$ _____ <input type="checkbox"/> Monthly on the 20 th \$ _____ You may have withdrawals taken more than once per month using the dates above. | |
| AGREEMENT I authorize the above church and Vanco Services, LLC to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization. | | |
| Authorized Signature: _____ | | Date: _____ |

Please attach voided check here.