



Electronic Funds Transfer (ACH Debit) Authorization

Name(s): _____ Address: _____

I/we authorize Marvin United Methodist Church to initiate electronic debit entries, and if necessary, process any adjustments needed to correct entries made in error, to my/our account listed below. I/we acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. law. **Debits take place on the 20th of each month and remain in effect from Jan. 1, 2018, until Dec. 31, 2018.**

Monthly debit amount: \$ _____ for a total of \$ _____ in 2018.

Financial institution : _____ Routing number: _____

Account number: _____ Checking account Savings account

If using a checking account, you can include a voided check instead of completing the financial institution information above.

My (our) gift made by ACH remains in effect from Jan. 1, 2018, until Dec. 31, 2018, unless a written request to terminate transactions is sent to the Marvin UMC business administrator, Robyn Thomason, at rthomason@marvinumc.com. Please contact Robyn by phone (903.592.7396) at any time if you have any questions or concerns.



Signature: _____ Date: _____



Electronic Funds Transfer (ACH Debit) Authorization

Name(s): _____ Address: _____

I/we authorize Marvin United Methodist Church to initiate electronic debit entries, and if necessary, process any adjustments needed to correct entries made in error, to my/our account listed below. I/we acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. law. **Debits take place on the 20th of each month and remain in effect from Jan. 1, 2018, until Dec. 31, 2018.**

Monthly debit amount: \$ _____ for a total of \$ _____ in 2018.

Financial institution : _____ Routing number: _____

Account number: _____ Checking account Savings account

If using a checking account, you can include a voided check instead of completing the financial institution information above.

My (our) gift made by ACH remains in effect from Jan. 1, 2018, until Dec. 31, 2018, unless a written request to terminate transactions is sent to the Marvin UMC business administrator, Robyn Thomason, at rthomason@marvinumc.com. Please contact Robyn by phone (903.592.7396) at any time if you have any questions or concerns.



Signature: _____ Date: _____



Electronic Funds Transfer (ACH Debit) Authorization

Name(s): _____ Address: _____

I/we authorize Marvin United Methodist Church to initiate electronic debit entries, and if necessary, process any adjustments needed to correct entries made in error, to my/our account listed below. I/we acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. law. **Debits take place on the 20th of each month and remain in effect from Jan. 1, 2018, until Dec. 31, 2018.**

Monthly debit amount: \$ _____ for a total of \$ _____ in 2018.

Financial institution : _____ Routing number: _____

Account number: _____ Checking account Savings account

If using a checking account, you can include a voided check instead of completing the financial institution information above.

My (our) gift made by ACH remains in effect from Jan. 1, 2018, until Dec. 31, 2018, unless a written request to terminate transactions is sent to the Marvin UMC business administrator, Robyn Thomason, at rthomason@marvinumc.com. Please contact Robyn by phone (903.592.7396) at any time if you have any questions or concerns.



Signature: _____ Date: _____



Credit/Debit Card Giving Authorization

Name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

I/we authorize Marvin United Methodist Church to charge my/our monthly gift of \$ _____

to my/our credit or debit card on the first or 20th of each month beginning _____ / _____.
Month Year

MasterCard Visa

Card number: _____ Expiration date: _____ Security Code: _____

My (our) gift made by credit or debit card remains in effect from Jan. 1, 2018, until Dec. 31, 2018, unless a written request to terminate transactions is sent to the Marvin UMC Business Administrator Robyn Thomason at rthomason@marvinumc.com. Please contact Robyn by phone (903.592.7396) at any time if you have any questions or concerns. *Thank you!*



Credit/Debit Card Giving Authorization

Name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

I/we authorize Marvin United Methodist Church to charge my/our monthly gift of \$ _____

to my/our credit or debit card on the first or 20th of each month beginning _____ / _____.
Month Year

MasterCard Visa

Card number: _____ Expiration date: _____ Security Code: _____

My (our) gift made by credit or debit card remains in effect from Jan. 1, 2018, until Dec. 31, 2018, unless a written request to terminate transactions is sent to the Marvin UMC Business Administrator Robyn Thomason at rthomason@marvinumc.com. Please contact Robyn by phone (903.592.7396) at any time if you have any questions or concerns. *Thank you!*



Credit/Debit Card Giving Authorization

Name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

I/we authorize Marvin United Methodist Church to charge my/our monthly gift of \$ _____

to my/our credit or debit card on the first or 20th of each month beginning _____ / _____.
Month Year

MasterCard Visa

Card number: _____ Expiration date: _____ Security Code: _____

My (our) gift made by credit or debit card remains in effect from Jan. 1, 2018, until Dec. 31, 2018, unless a written request to terminate transactions is sent to the Marvin UMC Business Administrator Robyn Thomason at rthomason@marvinumc.com. Please contact Robyn by phone (903.592.7396) at any time if you have any questions or concerns. *Thank you!*