Mail this completed form to the church office:
First United Methodist Church of Marietta
56 Whitlock Avenue, N.W.
Marietta, GA 30064

-or-

Return to Karen Lind or Becky Sawyer in the Church Office.
Authorization for checking/savings account deductions

NAME(S): ________________________________

_______________________________________

ADDRESS: ________________________________

_______________________________________

CITY AND STATE: __________________________

ZIP CODE: ________________________________

PHONE: _________________________________

E-MAIL (OPTIONAL): ______________________

_______________________________________

For more information or assistance, contact Karen Lind (ext. 7807) or Becky Sawyer (ext. 7824)

Contribution Information

I/We request that First United Methodist Church of Marietta (“MFUMC”) deduct the following amount from my checking or savings account, starting on the date indicated.

AMOUNT OF EACH DEDUCTION: ________________

STARTING DATE: ________________

Select one of the following schedules for your contribution deductions:

_____ Once a month on the 5th of the month

_____ Once a month on the 20th of the month

_____ Twice a month on the 5th and 20th of the month

Distribution

_____ All to the Church Operating Budget

-or-

$_________ to the Church Operating Budget

$_________ to the Restore to Glory! Fund

$_________ to the ____________________ Fund

$_________ to the ____________________ Fund

Bank Account Information

I/We hereby authorize MFUMC to initiate debit entries to my/our checking/savings account at the financial institution listed below.

_____ Checking Account

(please attach a voided check)

_____ Savings Account

(please attach a withdrawal slip)

Financial Institution Name

_______________________________________

Authorization

I hereby authorize MFUMC to initiate debit entries to my (our) checking/savings account. This authorization is to remain in force until I notify MFUMC in writing to discontinue debits. MFUMC reserves the right to reverse a contribution if an error has occurred during the deduction process. I represent and warrant that I am authorized to execute this agreement.

Contributor signature(s)

_______________________________________

Date: __________________________