

Electronic Transfer Authorization



Checking/Savings Account

I, _____ authorize Genesis United Methodist Church beginning _____ to withdraw from my checking/savings account for my offering the following:

- \$ _____ Deducted on the 1st of each month
- \$ _____ Deducted on the 15th of each month
- \$ _____ Deducted on the 1st of the month and on the 15th of the month
- \$ _____ Deducted the beginning of every week
- \$ _____ Deducted one time only

(Attach a voided check for the checking account or a pre-printed deposit slip for a savings account.)

OR

Credit Card

I, _____ authorize Genesis United Methodist Church to charge my credit card at one of the below regularly scheduled intervals:

\$ _____ bi-weekly \$ _____ bi-monthly on _____ & _____ each month

\$ _____ monthly on _____ each month for my offering beginning _____ .

to charge my credit card a one time gift of \$ _____

_____ Visa _____ MasterCard _____ Discover _____ American Express

Account Number _____

Expiration _____

Street Address _____

Zip Code _____

Signature

Date

I understand that I control my contribution and if at any time I decide to discontinue electronic giving, I will notify the Church Treasurer.

This form is kept in a secure/confidential location.

Please return form to:
Genesis UMC
Sue Capps, Treasurer
1601 Galbraith Suite 304
Grand Rapids, MI 49546-6479