

Electronic Funds Transfer

Electronic Funds Transfer (EFT) is both a convenient and reliable way to fulfill your financial commitment to the church. EFT is also the most cost-effective method of giving to the church since it reduces administrative costs and helps maintain a predictable cash flow. To choose EFT, simply complete the following information.

Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Email _____

For office use only:
Member ID _____

Please transfer my gift as a:


- ____ Weekly Gift on the 1st, 10th, 15th, and 25th of the month. *Please note the total gift amount specified will be debited on each date listed.*
- ____ Monthly Gift on the ____1st ____10th ____15th ____25th of the month
- ____ Semi-Monthly Gift on the ____1st ____10th ____15th ____25th of the month
***Please choose 2-4 dates for Semi-Monthly gifts. Please note the total gift amount specified will be debited on each date selected.*
- ____ One-Time Gift on the ____1st ____10th ____15th ____25th of the month

TOTAL GIFT AMOUNT: \$ _____ (required)

Please apply my gift to:

- | | | |
|---------------------------------|--------------------------------|-----------------------------|
| \$ _____ General Fund | \$ _____ Building Fund | \$ _____ Helping Hands Fund |
| \$ _____ Memorial Prayer Garden | \$ _____ Child Rescue Center | \$ _____ Youth Fund |
| \$ _____ Children's Fund | \$ _____ Other (Specify) _____ | |

Please transfer my gift from my:

- ____ Checking Account *[Please attach a voided check]*
- OR
- ____ Savings Account *[Please attach a deposit slip or contact the church for an additional form]*
***If using a deposit slip, please verify the routing number listed is the ABA Routing Number for your bank.*
- OR
- ____ Credit/Debit Card Account Card Number _____ Expiration Date ____ / ____
- 

____ Yes! I wish 100% of my donation amount to go to First United Methodist Church Colleyville, TX. I would like to pay the processing fee associated with my donation. (Please enter amount below)

Please add \$ _____ (2.19% for Credit Card donations or \$0.25 for Checking\Savings Account donations)

Total Donation Amount: \$ _____ (required)

I understand my future donations will be transferred directly from my account as stipulated above. I understand that I may increase, decrease, or suspend my gift at any time through the online donation form at www.fumccolleyville.org or by calling the church at (817) 281-5254. All transfers originating as Automated Clearing House (ACH) transactions from checking or savings accounts will comply with U.S. Law.

Note: All withdrawals will be on the indicated day unless it is a non-banking business day in which the withdrawal will take place on the next business day.

Signature _____ **Date** _____
 (Required)