

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 - _____	

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 ____ / ____

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)

KEEP THIS PORTION FOR YOUR RECORDS

You may increase, decrease, or suspend your 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.

Gift Type: ____ Weekly Gift *(all dates listed below)* ____ Monthly Gift ____ Semi-Monthly Gift *(2-4 dates listed below)* ____ One-Time Gift

On the: ____ 1st of the month ____ 10th of the month ____ 15th of the month ____ 25th of the month

Total Gift Amount: \$ _____ *Please note the total gift amount specified will be debited on each date selected.*

Applied to: \$ _____ General Fund	\$ _____ Building Fund	\$ _____ Helping Hands Fund
\$ _____ Memorial Prayer Garden	\$ _____ Child Rescue Center	\$ _____ Youth Fund
\$ _____ Children's Fund	\$ _____ Other - _____	