



AUTHORIZATION FOR e-GIVING
Either credit/debit card or bank transfer (ACH)



I/we authorize Damascus United Methodist Church, hereinafter called DUMC, to initiate recurring entries as indicated below. I/we understand that these transactions to my credit/debit card or bank account must comply with the provisions of the U.S. law.

Name: _____ Name: _____

Home Address: _____

City, State, Zip: _____

Home Phone: _____ daytime phone: _____

e-mail _____ 2nd e-mail _____

e-Giving via Bank Automated Clearing House (ACH)

Bank name: _____ Bank Address: _____

Transit/ABA # _____ (9 digits)

Account Number _____ ***please attach a voided check to this form***

Contribution Amount \$ _____ every two weeks monthly
(monthly transactions occur the 1st of each month)

e-Giving via credit/debit card

Credit card type VISA MasterCard Discover American Express Card

Number _____

Expiration Date _____ MM/YY credit card CVV code _____

Monthly Amount of Contribution \$ _____ Twice Monthly Amount of Contribution \$ _____

Monthly contributions will charge your card on the 3rd of each month

Twice Monthly contributions will charge your card on the 3rd and 15th of each month

This authority is to remain in force and effect until DUMC has received written notification from me (or either of us) of its termination in such time and manner as to afford DUMC and the merchant processor a reasonable opportunity to act on it. Please allow 1-2 weeks for processing any changes.

I/we agree to provide DUMC with current account and address information as changes occur.

Signed: _____ Date _____

Signed: _____ Date _____

Please return this form to:

Damascus United Methodist Church
Attn: Finance Office
9700 New Church Street
Damascus, MD 20872

Or fax to: 301-253-2321
Or e-mail to: steve.malley@damascusumc.org

Contact Steve Malley at 301-253-0022 ext 106 or steve.malley@damascusumc.org with any questions about this opportunity.