

# Benson Memorial United Methodist Church 2018 Estimate of Giving & Commitment Card

Your faithful giving is critical to changing lives in our church, our community and the world. We thank you for your commitment to invest in the ministries at Benson Memorial.

Please complete this estimate of giving/commitment card and bring it with you to worship on Sunday, October 1 or to the church office.

Contact Sally Lynch, Business Manager, at 919.787.0789 or [businessmanger@bensonmemorial.org](mailto:businessmanger@bensonmemorial.org) if you have questions.

Use the back of this form to authorize an Electronic Funds Transfer (EFT).

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Complete one of the following:

\$ \_\_\_\_\_ weekly (52 wks) \$ \_\_\_\_\_ semi-monthly (24 periods) \$ \_\_\_\_\_ monthly (12 mos)

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_ Check here to receive statements electronically

\_\_\_\_ Check here to opt out of receiving envelopes

Front

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## Electronic Funds Transfer

This is my authorization to Benson Memorial United Methodist Church for the following recurring draft to be made from my Checking Account Savings Account on the following basis effective

January 2018 (or specify otherwise \_\_\_\_\_):

Applied to the General Fund in the amount indicated:

\$\_\_\_\_\_ Weekly (Withdrawn on Mondays) \$\_\_\_\_\_ Monthly on the first day of the month

\$\_\_\_\_\_ Monthly on the fifteenth day of each month

*I understand that this authorization will be in effect until I give written notification to Benson Memorial UMC and my financial institution that I no longer desire this service, allowing reasonable time to terminate the authorization. I also understand that if corrections or changes in the debit amount are necessary it may involve an adjustment (credit or debit) to my account. I also understand that I have the opportunity to make changes to my draft contributions through the church's annual GIVE campaign or at any time during the year. This authorization is non-negotiable and non-transferable.*

Name (Print): \_\_\_\_\_

Signature & Date: \_\_\_\_\_

\*Attach a voided check for the account from which withdrawals will be made.

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