



Set Up a Recurring Gift From a Bank Account Electronic Funds Transfer (EFT)

GENERAL INFORMATION

First Name : _____ Last Name : _____

Address : _____

City : _____ State : _____ Zip : _____

Preferred Phone Number : _____ Email Address : _____

GIFT INFORMATION

Date of First Gift : _____

Frequency of Gift :

Recurring Gift Amount : \$ _____

Weekly

Day of the week : _____

I'd like someone to contact me regarding designating a portion of my gift to a certain ministry area within Asbury First.

Bi-Monthly

Two dates of the month : _____

Monthly

One date of the month : _____

Other

Please explain : _____

BANK INFORMATION

Please take my gift directly from my (check one) :

Checking account (attach a voided check)

Savings account (attach a saving deposit slip)

I authorize Asbury First United Methodist Church to process debit entries to my account. I understand that this authority will remain in effect until I provide written notification to modify or terminate the authorization. I understand there will be an additional fee automatically charged to my account for any insufficient funds (NSF) transactions.

Authorized Signature : _____ Date : _____

HOW TO SUBMIT FORM

Step 1 : Attach appropriate bank slip (see above section)

Step 2 : Return in the offering plate during Sunday worship

OR

Mail to : Asbury First United Methodist Church

Attn : Dick Moncrief

1050 East Ave., Rochester, NY 14607

QUESTIONS: CONTACT OUR OFFICE AT (585) 271-1050 OR GIVING@ASBURYFIRST.ORG