



2017 ESTIMATE OF GIVING

In response to God's love and as an expression of my faith in Christ and my commitment to his Church, I/we plan to:

- | | |
|--|---|
| <input type="checkbox"/> Give a gift of a tithe | <input type="checkbox"/> Give a gift as I/we move toward tithing |
| <input type="checkbox"/> Give a gift beyond tithing | |

Name(s)

Address

Phone Number

Email Address

My/our total contributions toward the mission of God through Rainbow City FUMC in 2017 will be

\$ _____.

I plan to contribute by cash, check, or credit/debit card (check one)

- | | |
|---|---|
| <input type="checkbox"/> Weekly | <input type="checkbox"/> Monthly |
| <input type="checkbox"/> Quarterly | |

Knowing this helps the church plan its budget.

OR

I want my contributions to be made automatically

- | |
|--|
| <input type="checkbox"/> Automatic Bank Draft (EFT) |
| <i>Please complete other side of card.</i> |

**Rainbow City First United Methodist Church
Electronic Funds Transfer (EFT) Authorization**

I hereby authorize First United Methodist Church of Rainbow City, Inc., (RBFUMC) to initiate automatic withdrawals from my account at the financial institution named on this form. I also authorize RBCFUMC to make deposits to this account in the event that a debit entry is made in error.

Further, I agree not to hold RBCFUMC responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in withdrawing or depositing funds to my account.

This agreement will remain in effect until RBCFUMC receives a written notice of cancellation from me or my financial institution, or until I submit a new authorization form to the Financial Secretary.

I would like to make the following contributions via electronic bank draft. I understand that the amounts below will be drafted each time and are **NOT** an annual total.

Fund name: General Operating Fund \$ _____

Fund name: \$ _____

Fund name: \$ _____

Total to be drafted each time (choose schedule on right): \$ _____

Contribution drafting begins January 1, 2017

Frequency of Contribution

(check one)

- Twice a month**
On the 1st and 15th* day of each month*
- Monthly on the 1st* day of each month**
- Monthly on the 15th* day of each month**

*When regularly scheduled days fall on weekends and banking holidays, the contribution will be rescheduled for the next business day.

Financial Institution Name

Bank Routing Number

Checking or Savings Account Number

- Checking Account Savings Account

Please attach a voided check or deposit slip

Authorized Account Signature