

Douglasville First United Methodist Church
6167 Prestley Mill Rd • Douglasville, GA 30134

ACH Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your checking or savings account. Just complete and sign this form to get started.

Recurring Payments Help You to Faithfully Give As You Wish and Make Life Easier:

- It's convenient (no checks to write or keep up with)
- Your giving is consistent (even if you miss worship)
- Assures that you prioritize your faith giving to God with your first fruits (before other bills)
- Consistency helps the church avoid seasonal peaks and valleys in giving receipts

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking or savings account. You will be charged the amount indicated each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected. **You can change this arrangement at any time by contacting the church financial office.**

Please complete the information below:

I _____ authorize Douglasville First United Methodist Church (DFUMC) to charge my bank account as indicated below:

Amount of each charge: \$ _____

<u>Frequency:</u>	Once a month on the 5 th	<u>For what purpose?</u>	Operating Budget
	Once a month on the 20 th		I Love My Church Campaign
	Twice a month on the 5 th and 20 th		

Your Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Account Type:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Name on Acct	_____	
Bank Name	_____	
Bank Routing #	_____	
Account Number	_____	
Bank City/State	_____	



The graphic shows a routing number '222222222' circled in purple and an account number '000 111 555 1027' circled in orange.

SIGNATURE _____ DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify DFUMC in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.