



Please bring to the worship service on
Sunday, October 29 or mail/drop off at
the church office.

NAME(S) _____

ADDRESS _____

EMAIL _____

2024 ESTIMATE OF GIVING

I/we understand that this commitment can be changed at any time.

This is a/an ☐ individual ☐ household commitment.

Please record my/our 2024 estimate of giving as

\$_____ per ☐ Week ☐ Bi-weekly ☐ Month ☐ Quarter ☐ Year

for an annual gift of \$_____.

☐ I/We will pay by automatic giving (please complete below or set autopay up through your bank).

☐ I/We have included Christ Church in our estate plans

ACH Preauthorized Payment Agreement

☐ This is a continuing bank draft from 2023. My/our account information has not changed (you do not need to complete anything else).

☐ This is my/our authorization to Christ Church United Methodist (federal tax ID 61-0449611) to automatically debit my/our

☐ Checking or ☐ Savings account _____ at _____
Account Number Financial Institution (including city, state) Bank Transit/ABA No.

This draft is in the amount of \$_____ to be withdrawn on the ☐ weekly, ☐ bi-weekly on _____ (day of week),

☐ monthly on the _____ (i.e. the 10th), or ☐ semi-monthly (15th and last day of the month).

This authority will remain in effect until I file a new Authorization Form or cancel my participation. It is non-negotiable and non-transferable. I understand that this authorization will be in effect until I notify my financial institution in writing that I no longer desire this service, allowing it reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

I have the right to stop payment of a debit entry by notifying my financial institution before the account is charged. If an erroneous debit entry is charged against my account, I have the right to have the amount of the entry credited to my account by my financial institution, if, within 15 days following the date on which I was sent a statement of account or written notice of such entry or 45 days after posting, whichever occurs first, I give my financial institution a written notice identifying the entry, stating that it is in error and requesting credit back to my account.

Signature _____

Date _____

Please attach a voided check (checking) or savings deposit slip (savings).