



A convenient, consistent way to help our church grow

Enjoy the convenience of electronic giving

Our church offers electronic giving, which allows you to make donations on a scheduled, automatic basis. If you are writing checks and preparing envelopes every week, you will especially appreciate electronic giving. It is convenient for you and provides much-needed donation consistency for our church.

How to get started

To set up electronic contributions, complete the authorization form on the back side and return it to the church office or place it in the offering plate.

Electronic contributions can be made using any of the following payment methods:

- Checking account
- Savings account
- Credit card
- Debit card

AUTHORIZATION FORM

Church name:	Nolensville First United Methodist Church
Your name:	
Address:	
City, State, Zip:	
Email address:	
I would like to make the following contribution(s):	
<input type="checkbox"/> General Operating Fund	\$ _____
<input type="checkbox"/> Building Maintenance Fund	\$ _____
<input type="checkbox"/> Capital Improvement Fund	\$ _____
<input type="checkbox"/> Other _____	\$ _____
<i>Total</i>	\$ _____
Date of first contribution: ___/___/___	
Frequency of contribution (check one):	
<input type="checkbox"/> Weekly – Mondays	
<input type="checkbox"/> Semi-monthly – 1 st and 15 th	
<input type="checkbox"/> Monthly on the 1 st	
<input type="checkbox"/> Monthly on the 15 th	

CHECKING / SAVINGS	<i>Complete this section if using your checking or savings account</i>
Please debit my (check one):	
<input type="checkbox"/> Checking account—attach voided check <input type="checkbox"/> Savings account—attach voided deposit slip	
Routing #:	Account #:
<i>Valid routing # must start with 0, 1, 2 or 3</i>	
I authorize the above organization to process debit entries to the above account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.	
Authorized signature: _____ Date: / /	

CREDIT / DEBIT CARD	<i>Complete this section if using your credit or debit card</i>
Please charge my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express	
Card #:	Expiration Date:
Name on card:	
Billing Address (if different from above):	
I authorize the above organization to charge the above card. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.	
Authorized signature: _____ Date: / /	