

Sidney United Methodist Church

ELECTRONIC PAYMENTS AUTHORIZATION

I authorize Sidney United Methodist Church to transfer funds from the account below in the amount and for the intervals as indicated. These will continue until I give written notice.

Weekly Giving or Other Purpose as indicated _____

Weekly until further notice \$ _____ Monthly until further notice \$ _____

Process Easter Sunday for an additional amount of \$ _____

Note: Easter will be processed on April 1, regardless of actual date of Easter

Process Christmas in the amount of \$ _____ (Processed on the 25th of each year)

I will contribute in other ways for Christmas and Easter

I understand I am in full control of my donation. To make changes anytime, I will contact the Finance Secretary (Linda Hitchcock) by mail: Sidney United Methodist Church, 12 Liberty Street, Sidney, NY 13838 or email finance@sidneyumc.org

- Weekly transfers will be processed on Mondays.
- Monthly transfers for Weekly Giving will be processed on the 10th of the month.

Payment Information
Please complete Banking OR
Credit Card information

Account Type: Checking Savings Please attach voided check or deposit slip

Bank Routing Number: (9 Characters) _____

Account Number: _____

OR

Visa

MasterCard

Discover

Acct # _____

Exp Date: _____ **CVV#** _____ (3-digit code in signature strip)

Donor Information

Name on Card or Account: _____

Address: _____

City/State/Zip: _____

Phone: _____ **Email:** _____

Date: _____ **Signature:** _____

Completed forms should be mailed or delivered to :

Sidney United Methodist Church
ATTN: Finance Secretary
12 Liberty Street
Sidney, New York 13838