

MY PLEDGE

Name(s) Please Print: _____ Date: _____

Address: _____

Email: _____ Phone: _____

In response to God's abundant love and grace, and in support of the mission of the Church, I/we make the following commitment to support Edmonds United Methodist Church.

In 2023, I/we expect to give \$_____

Weekly Monthly Quarterly Every two weeks For the year Month: _____

If you give annually, please note what month you plan to fulfill your pledge. It helps immensely with budgeting.

I will support the church with my prayers and presence at this time

Choose the selection that applies:

- I wish to start automatic withdrawal for this year's pledge. (Complete the ACH Form on the back of this page. Note: this option will cost the church 1% per gift.)
- I wish to use a debit or credit card. (Complete the Recurring Debit/Credit Card form on the back of this page. Note: this option will cost the church 3% per gift.)
- I wish to give via stock transfer and sale.
- I wish to give online at the church website. (We'll contact you to set up a giving account.)
- I wish to receive pre-printed offering envelopes.

Automatic giving is both a convenient and reliable way to fulfill your financial commitment to the church. It is also the least expensive method of giving to the church since it reduces administrative costs. To choose automatic withdrawal from your checking or savings account, please complete the ACH form on the back of this page.

Please mail pledge card to the office by **February 18** or bring it to the church for Pledge Sunday on **Sunday, February 18** at 10:00 am.

You may also download a pledge card and giving forms at edmondsumc.org/pledge. Email forms to denisew@edmondsumc.org.

Thank you for your pledge! Please continue to pray for God's mission and ministry through Edmonds United Methodist Church.

Questions? Contact Denise Williams at 425-778-2119 or denisew@edmondsumc.org. For questions about donating stocks, contact Tim Guirl at 206-437-8730 or t.guirl@comcast.net.

ACH and Debit/Credit Card Authorization Form

Name as it appears on your account: _____

Address: _____

Please complete either ACH form OR Recurring Debit/Credit Card Authorization Form below

ACH Authorization

Financial Institution: Chase Bank, Edmonds – branch #740107

Transfer to EUMC Checking Routing #325070760, Account Number #957529875

Routing Number: _____ Account Number: _____

Amount: \$ _____ Transfer from account type: Savings Checking

Type of Transfer: ACH Debit Beginning date: _____

Frequency of donation: Weekly Monthly on the _____ of each month

Every 2 Weeks Cover processing fee (1% per transaction)

Authorization: I hereby authorize you to make the transfer(s) indicated above until further notice from me. If this agreement changes any prior authorization between you and me, the prior authorization is hereby cancelled, and I instruct you to follow this authorization. I further acknowledge that you have no responsibility to contact me when the above transfer(s) occur(s). I understand that I can call you to find out whether or not the transfer has been made. I understand that it is my responsibility to have sufficient funds available in my account on the transfer date(s) in order for you to make the automatic payment(s). I acknowledge that if sufficient funds are not available in my account to cover the amount of the transfer(s), the automatic payment(s) may not be made. I further acknowledge that the financial Institution will not be liable for any charges, including but not limited to, any charges related to items returned because of insufficient funds, or for any late charges or additional interest if this authorization is for automatic loan payment(s).

Print Name: _____

Sign: _____ Date: _____

Recurring Debit/Credit Card Authorization

Credit/Debit Card Number: _____ Expiration Date: _____

CIN (3 digits on back of card): _____ Amount to charge: \$ _____

Frequency: Weekly Every Two Weeks Monthly For the year

Cover processing fee (3% per transaction)

I authorize Edmonds United Methodist Church to charge the agreed amount listed above to my credit card provided herein on the day of each month. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement. I understand that this authorization will remain in effect until I cancel the agreement in writing to Edmonds United Methodist Church, attention Church Administrator. In addition, I agree to notify the Church Administrator of any changes to my payment information at least 10 days prior to the next payment authorization period (billing date). I am the authorized user of this payment card and will not dispute the scheduled payments outlined above.

Print Name: _____

Sign: _____ Date: _____