

Authorized Agreement for Direct Payment Saint Mark United Methodist Church

I (We) hereby authorize Saint Mark United Methodist Church to initiate debit entries to my (our) Checking Acct Savings Acct

Please debit my account in the amount of \$_____ on the

First (1st) Fifteenth (15th) Weekly

**Note: There is a fifteen day authorization period prior to the first draft.

Bank Name: _____

Routing Number: _____

Account Number: _____

(Please staple a "voided" check from the account to be drafted.)

This authorization is to remain in effect until Saint Mark United Methodist Church has received written notification from me (or either of us).

Print Name(s): _____

Signed: _____ Date: ___/___/___

Signed: _____ Date: ___/___/___

Saint Mark United Methodist Church



As disciples of Jesus Christ, we are on mission with God in our world. One of the ways we participate in God's mission is through faithfully participating in the ministries of God's church.
Let's make a promise in faith!

I promise my: **Prayers** **Presence** **Gifts** **Service** **Witness**

Please express your financial commitment on the right side of this card. The period extends from 1/1/20 to 12/31/20. If your financial situation should change at any point throughout the year, simply call the Operations Manager to adjust your faith promise.

Please return to the church in the envelope provided.
If you would like to have your faith promise Direct Deposited, please complete the reverse side of this card.



Making a Promise in Faith

My 2020 TOTAL Financial Faith Promise is:

\$ _____

I Promise in Faith to Give as Follows:

\$ _____ Weekly X 52 = \$ _____

\$ _____ Monthly X 12 = \$ _____

\$ _____ Quarterly X 4 = \$ _____

\$ _____ Annually/All at once

Name (print) _____

Address _____

City _____ State _____ Zip _____

Phone _____

E-mail _____