Credit/Debit Card Transaction Authorization(s)

I/we authorize Damascus United Methodist Church, hereinafter called DUMC, to initiate recurring entries to my(our) [ ] credit [ ]debit card (select one) indicated below. I/we understand that these transactions to my/our account must comply with the provisions of U.S. law.

Name _____
Name _____
Home Address _____
City, ST, zip _____
Home Telephone __ __ __ __ __ __ __ __ __ __
Daytime Telephone __ __ __ __ __ __ __ __ __ __

Envelope number (If applicable) __ __ __

Card Type ___ VISA ___ MasterCard ___ Discover
Card Number __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __
Expiration Date __ __ / __ __ MM/YY
Contribution Amount $_____
3 digit code from signature strip on card back __ __ __
Contribution Period Bi Weekly ___ minimum $10
Monthly ___ minimum $10
OneTime ___ minimum $100
(To reduce processing expenses, please consider the minimum amounts as a guide only.)

Contribution Destination
General $_____
Building/Capital Campaign $_____
Other $_____
Total $_____

This authority is to remain in force and effect until DUMC has received written notification from me (or either of us) of its termination in such time and manner as to afford Damascus United Methodist Church and the merchant processor a reasonable opportunity to act on it. Please allow 1-2 weeks for processing any changes.

I/we agree to provide DUMC with current account and address information as changes occur.

Signed _____ Date _____

Signed _____ Date _____

Return this completed form to: Damascus United Methodist Church, Attn: Finance Office
9700 New Church Street, Damascus, MD 20872
Fax: 301-253-2321

Contact Ginger Belsinger at 301-253-0022, #106, or gingertrio@aol.com with questions about this opportunity.