

Burlingame UMC's Electronic Giving Program

1443 Howard Avenue, Burlingame, CA 94010 Office: 650.344.6321 ~ E-mail: info@burlumc.org

We thank you for your interest in our electronic giving program. The program is convenient, as well as safe, secure and reliable.

As a participant of the program, you are still free to make additional gifts by check or cash. You may continue to place an offering envelope in the collection plate with your additional gifts.

A record of each gift will appear on your monthly bank statement. You may increase, decrease or suspend your giving at any time by calling the church at (650) 344-6321. All transfers originating as Automated Clearing House (ACH) transactions from your checking or savings account comply with U.S. law.

Here's how to join the First Fruits Giving program . . .

1	Use the program's Enrollment Form to indicate the amount you want to contribute each mon	ıtł
	from your account to the church.	

Indicate amount here and keep this page for your records: \$_____ Twice a month (5th and 20th) ____ Once a month (5th or 20th)

- 2. Be sure to sign your name and indicate the date.
- 3. Return the completed enrollment form <u>with a voided check</u> to the church by mailing or bringing it into the church office. Your *First Fruits Giving* program gifts will begin transferring in about four weeks.

Keep this page for your records



Burlingame United Methodist Church

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Electronic Fund Transfer Enrollment Form

Burlingame United Methodist Church now offers you the convenience of Electronic Church Giving (ECG). Simply fill out this enrollment form and attach a voided check from your bank account.

Mail completed form with 1443 Howard Avenue, Bu	_	ame UMC,			
Please transfer my gift of	\$	_Twice a month on the s	wice a month on the 5th and 20th.		
OR					
Please transfer my gift of	\$	Once a month on the _	5 th or20th.		
understand that my futu decrease or suspend my	re monthly gifts will be giving at any time by cal as Automated Clearing F	transferred directly from the church at (650)	nt each month as specified above. It is a spec		
Please Print					
Name:					
Address:					
City:	State:	Zip:			
Telephone:					
E-mail:					
Signature:		Today's Date	:		

I

***** Attach voided check here