



Monthly ACH Giving Changes

We thank you for your continued support of Grace United Methodist Church.

If you wish to change your monthly contribution please make appropriate changes. If you do not have changes, please fill in your name, sign, and submit.

Complete/Update the following information:

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Amount Per Month \$ _____ Fund: **Operating/Budget**

I authorize Grace United Methodist Church to debit my account the above listed amount on a monthly basis. This authority will remain in effect until Grace United Methodist Church has received written notice from me. All debits to my account must comply with ACH provisions of U.S. Law.

Signature _____ Date _____

Questions? Call Nanette Mulvey @ (309) 347-7131 or businessmanager@pekingrace.org