

## **PRACTICING GENEROSITY FAQ's**

### **How automatic withdrawal (hereafter known as Practicing Generosity) works?**

- Determine the amount of money you want withdrawn from your account on a regular basis (weekly, bi-weekly, monthly)
- Fill out a form authorizing New Light MCC to withdraw from your account for the amount you have decided upon.
- New Light MCC will initiate the transactions according to your instructions.
- If for any reason you want to change or discontinue automatic withdrawal, it is as easy as signing a simple form. (Forms attached in this file.)

### **Why would I want to participate in Practicing Generosity?**

- It indicates your desire to be faithful to God (Luke 16:10-12; 1 Corinthians 4:2)
- **Practicing Generosity** is easy..... just imagine not having to remember to bring a check each week!
- **Practicing Generosity** helps the church to maintain financial support to aid in decision making and planning

### **What New Light MCC needs from you:**

- A voided check from your bank account
- A signed form indicating the amount to be withdrawn and how often (weekly, bi-weekly, monthly). When you fill in the date please keep in mind it takes us about a week to process a request.



**FORM FOR PRACTICING GENEROSITY**

*Note: Attach a voided check to this document.*

**PLEASE PRINT!**

Name		
Address		
City	State	Zip
Amount to withdraw _____	How often? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly	
Date to begin: ____/____/____		

I understand that this is a commitment of financial support for New Light MCC, and I agree to allow New Light MCC to withdraw from my bank account according to terms listed above. If at any time I wish to discontinue **Practicing Generosity**, I must sign a discontinuance form.

Signature \_\_\_\_\_

Signature (please print) \_\_\_\_\_

Today's date \_\_\_\_\_

*Note: The information you provide for automatic withdrawal is strictly confidential and will be placed in a secure location. Only the treasurer will be able to access the file.*

*New Light MCC will not be liable for any transaction that contains incomplete, incorrect, or outdated information. In any event that you have insufficient funds in your checking account to make the automatic withdrawal, you are responsible for any non-sufficient funds (NSF) or overdraft charges the bank or credit union may impose.*



**PRACTICING GENEROSITY CHANGE FORM**

Please change the amount of automatic withdrawal from my account to New Light MCC. The new amount should be as follows:

*Note: If you are changing bank accounts, you must attach a voided check to this document.*

When you fill in the date, please keep in mind it takes us about a week to process a request.

**P L E A S E   P R I N T !**

Name		
Address		
City	State	Zip
Amount to withdraw _____	How often? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly	
Date to begin: ____/____/____		

*Note: The information you provide for automatic withdrawal is strictly confidential and will be placed in a secure location. Only the treasurer will be able to access the file.*

*New Light MCC will not be liable for any transaction that contains incomplete, incorrect, or outdated information. In any event that you have insufficient funds in your checking account to make the automatic withdrawal, you are responsible for any non-sufficient funds (NSF) or overdraft charges the bank or credit union may impose.*

Signature \_\_\_\_\_

Signature (please print) \_\_\_\_\_

Today's date \_\_\_\_\_



**PRACTICING GENEROSITY DISCONTINUANCE FORM**

I would like to discontinue **Practicing Generosity** from my account to New Light MCC, effective \_\_\_\_/\_\_\_\_/\_\_\_\_.

Signature\_\_\_\_\_

Signature (please print)\_\_\_\_\_

Today's date\_\_\_\_\_