

## AUTOMATED GIVING ENROLLMENT FORM

There are two ways to automate your giving at Boscobel and Mt. Zion United Methodist Churches (BMZ):

- Have your gift automatically deducted from your bank account. If you choose this option please complete this form, put it in a sealed envelope marked Michelle Christianson and drop it in the offering basket or mail it to:  
 BMZ United Methodist Churches  
 104 Buchanan Street  
 Boscobel, WI 53805
- Have your gift automatically processed on your credit card by logging on to [www.bmzchurch.org](http://www.bmzchurch.org), selecting Online Giving/ PayPal, and completing the requested information. Please do not complete this form if you choose this option.

**General Information:**

Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 E-Mail \_\_\_\_\_  
 Telephone Number \_\_\_\_\_

**Select one of the following:**

- € New enrollment
- € Change in amount and/or distribution
- € Change in account
- € Terminate giving

I (we) hereby authorize **Boscobel United Methodist Church or Mt. Zion United Methodist Church (circle one)**, hereinafter called COMPANY, to initiate debit entries to my (our)

- € Checking Account
- € Savings Account (please check one)

indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Is this account used for business transactions?

- € Yes
- € No (please check one)

Depository (Bank) Name \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Routing # \_\_\_\_\_ Account # \_\_\_\_\_

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ DOLLARS

Memo \_\_\_\_\_

⑆ 2140713⑆ 355⑆ 0005588888⑆

Routing Number
Check
Account Number

**Frequency and Amount:**

- € 1<sup>st</sup> of every month in the amount of \$ \_\_\_\_\_
- € 15<sup>th</sup> of every month in the amount of \$ \_\_\_\_\_
- € 1<sup>st</sup> & 15<sup>th</sup> of every month in the amount of \$ \_\_\_\_\_
- € Weekly (every Friday) in the amount of \$ \_\_\_\_\_

**Please distribute my gift as follows:**

- Church Expenses \$ \_\_\_\_\_
- Missions \$ \_\_\_\_\_
- Building \$ \_\_\_\_\_
- New Building \$ \_\_\_\_\_
- Total \$ \_\_\_\_\_

When do you want your automated giving (or requested change) to begin? \_\_\_\_\_(Month/Date/Year)

This authorization is to remain in full force and effect until COMPANY has received **written notification** from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Signature\_\_\_\_\_ Date\_\_\_\_\_

**(FOR ASSISTANCE WITH THIS FORM OR ONLINE GIVING, PLEASE CALL SARAH AT 608-375-4565)**