



Abiding Word Lutheran Church

# ELECTRONIC GIVING MEMBER ENROLLMENT AND AUTHORIZATION FORM

**CHECK ONE:**

- New enrollment
- Change in banking information
- Change in donation
- No longer participate effective \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Email Address \_\_\_\_\_

**New Enrollment** - Complete Banking Information and Donation Information; attach a voided check or savings account deposit slip, sign and return.

**Change in Banking Information** – Provide new Banking Information; attach a voided check or savings account deposit slip, sign and return.

**Change in Donation Information** \* – Provide new Donation Information, sign and return.

**Withdraw from Program** \* – Check appropriate box above, sign in Donation Information box and return.

\* To make changes in donation information or to withdraw from the program you may send an email to [Marilyn.Miller@AbidingWord-WELS.org](mailto:Marilyn.Miller@AbidingWord-WELS.org) with the required information.

### BANKING INFORMATION

Donations are to be taken from:

- Checking (attached voided check)
- Savings (attach a savings deposit slip)

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

I authorize Abiding Word Lutheran Church, through its agent, Vanco Services LLC, to automatically withdraw donations from my account. I have attached a voided check or savings deposit slip. This authority will remain in effect until I give reasonable notification to terminate the authorization.

Account Holder Signature: \_\_\_\_\_ Date \_\_\_\_\_

### DONATION INFORMATION

- General Operating Fund
- \_\_\_\_\_
- \_\_\_\_\_

Amount per donation: \$ \_\_\_\_\_  
(minimum \$5)

Frequency of Donation:

- Weekly on Monday
- Weekly on Friday
- Semi-monthly (1<sup>st</sup> and 15<sup>th</sup> of month)
- Monthly on 1<sup>st</sup> of the month
- Monthly on 15<sup>th</sup> of the month
- One time

Date of 1<sup>st</sup> donation: \_\_\_\_\_

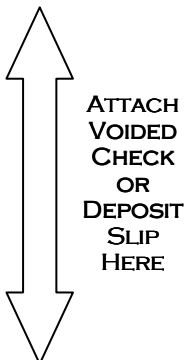
I authorize the above additions or changes.

Signature: \_\_\_\_\_

Date \_\_\_\_\_

Note: all information provided on this form will be held in the strictest of confidences and protected from access by unauthorized individuals.

**GIVE COMPLETED FORM TO DEACONESS  
MARILYN MILLER**



### FOR OFFICE USE ONLY:

Date Processed \_\_\_\_\_ Next Settle \_\_\_\_\_ Initials \_\_\_\_\_

Rev 10/1/08