

# Automatic Church Offering Authorization Form

**Complete this section for ALL ENROLLMENTS (Please print in black ink)**

<b>Check the appropriate box:</b> <input type="checkbox"/> New enrollment / authorization * <input type="checkbox"/> Change in bank account * <input type="checkbox"/> Change in authorized amount	Last Name _____	First Name _____	M.I. _____
	Mailing Address _____		
	City _____	State _____	Zip _____
	Home Phone _____	Work Phone _____	

**CONGREGATION DONATIONS**

Congregation Name: Zion Lutheran Church		Street Address: 3600 South Chicago Avenue	
City: South Milwaukee		State: WI	Zip: 53172
<b>Church Fund Designations:</b>	<b>Amount Per Donation:</b>	<b>Frequency of Donation:</b> (Please check only one)	
<input type="checkbox"/> General Fund	\$ _____	<input type="checkbox"/> Weekly on Monday	
<input type="checkbox"/> Mortgage Fund	\$ _____	<input type="checkbox"/> Weekly on Friday	
<input type="checkbox"/> Evangelism	\$ _____	<input type="checkbox"/> Semi-monthly (transferred on the 1 <sup>st</sup> and 15 <sup>th</sup> of each month)	
<input type="checkbox"/> Other: _____	\$ _____	<input type="checkbox"/> Monthly on the 1 <sup>st</sup>	
<input type="checkbox"/> Other: _____	\$ _____	<input type="checkbox"/> Monthly on the 15 <sup>th</sup>	
<b>TOTAL DONATION AMOUNT</b>	\$ _____ (minimum \$5)	Date of First Donation: _____	
<b>Note:</b> The total amount will be transferred based on the frequency selected at the right			

**Complete this section if you want donations to come from your CHECKING OR SAVINGS ACCOUNT**

<b>Donations should be taken from:</b> <input type="checkbox"/> Checking (attach a voided check) <input type="checkbox"/> Savings (attach a savings deposit slip) Routing Number: _____ <p style="text-align: center;"><i>A valid routing number must start with 0, 1, 2, or 3</i></p> Account Number: _____	<b>REQUIRED:</b> I authorize Zion Lutheran Church 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: _____
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**\*Attach a voided check or savings deposit slip for a new enrollment or for a change in bank account only**

**Complete this section if you want donations to come from your CREDIT CARD – Charged on the 15<sup>th</sup> of the month**

Please charge my donation to my (check one):			
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover Card
Credit Card Number: _____	Validation Code: _____	Expiration Date: _____	
Name on Card: _____			
Billing Address (if different from above): _____			
<b>REQUIRED:</b>			
I authorize Zion Lutheran Church to charge my credit card in accordance with the information above. This authority will remain in effect until I give reasonable notification to terminate the authorization.			
Signature (as it appears on the credit card) _____			Date: _____

For Office Use Only: Envelope Number \_\_\_\_\_ Verifier Initials \_\_\_\_\_