



Automated Giving Enrollment Form

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

- Have your gift automatically deducted from your bank account. Please note that this is the most cost effective option for the Church. 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 Church
107 W Oak Street
Boscobel, WI 53805

Or

- Have your gift automatically processed on your debit or credit card by doing the following:
 - Log on to BMZChurch.org
 - Select Giving
 - Click the **Give ONLINE Now** box
 - Complete 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 Methodist Church or Mt. Zion 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)*

PAY TO THE ORDER OF _____ \$ _____
DOLLARS

Memo _____

121140713 355 000558888

Routing Number Check Account Number

Bank Name _____

City _____ State _____ Zip _____

Routing # _____ Account # _____

Please Turn Over

Frequency and Amount:

- ☐ \$ _____ on the 1st of every month
- ☐ \$ _____ on the 15th of every month
- ☐ \$ _____ on the 1st & 15th of every month
- ☐ \$ _____ weekly (every Friday)

Please distribute my gift as follows:

Church Expenses	\$ _____
Missions	\$ _____
Building	\$ _____
New Building	\$ _____
Total	\$ _____

What date do you want your automated giving (or requested change) to begin? ____/____/____

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 Michelle at 608-375-4565)