



BEFORE TYPING TO FILL IN THIS FORM: Save to your computer FIRST, then fill it out and save it again. Then you can print it, or attach it to an email.

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. 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

- Have your gift automatically processed on your credit or debit card by doing the following:
 - Log on to www.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 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)

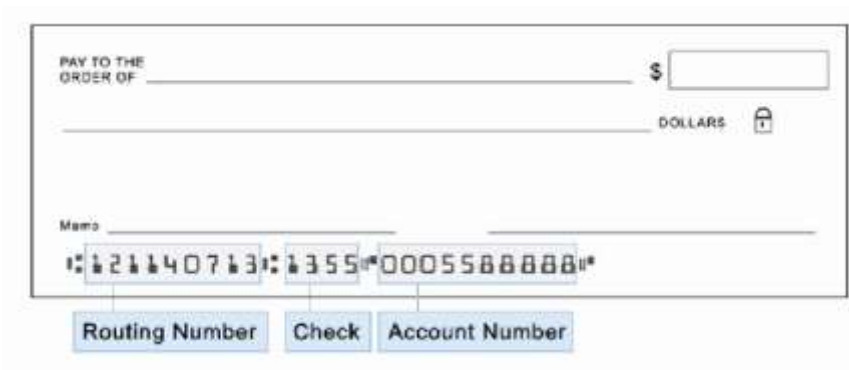
Depository (Bank) Name _____
 City _____ State _____ Zip _____
 Routing # _____ Account # _____

Frequency and Amount:

- 1st of every month in the amount of \$ _____
- 15th of every month in the amount of \$ _____
- 1st & 15th 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 MICHELLE AT 608-375-4565)