



Automatic Giving Enrollment

Last Name _____ First Name _____

Address _____ City State Zip _____

Choose one: This a **NEW** enrollment
 This a **CHANGE** in my previous enrollment

Please indicate the amount and designation of your generous gift:

Church Fund & Amount

General Fund \$ _____

Building Fund \$ _____ (For Mortgage Payments)

TOTAL Contribution Amount \$ _____

Date of First Contribution: _____

Frequency of Contributions

Please check one only:

Weekly on Monday

Semi-monthly (1st & 15th)

Monthly on the 1st

Monthly on the 15th

Contributions should be taken from my Financial Institution:

Not limited to Winona National Bank

Checking (include a voided check)

Savings (include a savings deposit slip)

I authorize Central Lutheran Church and Winona National Bank to automatically withdraw contributions from my account. I have included a voided check or savings deposit slip. This authority will remain in effect until I give reasonable notification to terminate the authorization.

Signed _____ Date _____