



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 \$ _____ (Building Maintenance)

Other Fund \$ _____

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)

Bank Name: _____

Routing ID: _____ Account Number: _____

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 _____

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<input type="checkbox"/> Entered
Date _____