

Automated Giving Enrollment and Authorization Form
Sheridan Lutheran Church
6955 Old Cheney Rd
Lincoln, NE 68516
402-423-4769

Last Name _____ First Name _____ M.I. _____
Mailing Address _____
Home Phone # _____ Cell # _____ Work # _____
Email Address _____

Please indicate:

___ New Enrollment*; ___ Change in Bank Account*; ___ Change in Authorized Amount

Donations/payments should be taken from:

___ Checking Account ___ Savings Account

Routing Number _____

Valid Routing # must begin with 0,1,2 or 3

Account Number _____

*ATTACH A VOIDED CHECK OR SAVINGS DEPOSIT SLIP FOR A NEW ENROLLMENT OR CHANGE IN BANK ACCOUNT

Required:

I authorize Sheridan Lutheran Church to automatically withdraw offerings/donations/payments 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 this authorization.

Account Holder Signature _____ Date _____

Church Fund Designations:

General Fund _____

Building Fund _____

Outreach Programs (Indicate program) _____

Other (Please indicate) _____

Total Donation Amount _____

Amount Per Donation:

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____ (minimum \$5)

Note: The total amount will be transferred based on the frequency selected.

Frequency of Donation:

___ Weekly Friday; ___ Semi-monthly (transferred on the 1st and 15th of each month)

___ Monthly on the 1st; ___ Monthly on the 15th

Date of First Donation _____

For Office Use: Congregation Code 504754611 Envelope # _____ Verifier Initials _____