

Mail or return completed form to  
Joann Manteufel- Financial Secretary  
Barneveld Lutheran Church  
505 Swiss Lane  
Barneveld WI 53507

Fax completed form to  
608-924-2179

## *Automatic Offering*

### MEMBER ENROLLMENT AND AUTHORIZATION FORM

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY & ZIP \_\_\_\_\_

New Enrollment \_\_\_\_\_  
Change in Bank Account \_\_\_\_\_  
Change in Authorized Amount \_\_\_\_\_

Congregation of Barneveld Lutheran Church

FUND DESIGNATION                      AMOUNT PER MONTH

General Fund                              \$ \_\_\_\_\_  
Missions                                      \$ \_\_\_\_\_

### FREQUENCY OF DONATION

\_\_\_\_\_ Monthly on the 1<sup>st</sup>

\_\_\_\_\_ Monthly on the 15<sup>th</sup>

### BANKING INFORMATION

Name of Bank \_\_\_\_\_  
Routing Number \_\_\_\_\_  
Account Number \_\_\_\_\_  
Date of First Donation \_\_\_\_\_

I authorize The Peoples Community Bank to automatically withdraw offerings from my account. This authorization will remain in effect until I give reasonable notification to terminate the authorization.

Account Holder Signature \_\_\_\_\_

Date \_\_\_\_\_