



# Online Giving Form

Return completed enrollment form to:  
Bethel Lutheran Church, 312 Wisconsin Ave, Madison, WI 53703

Complete this section for <b>ALL ENROLLMENTS</b> (Please print in black ink)			
<b>Check the appropriate box:</b> <input type="checkbox"/> New enrollment/authorization * <input type="checkbox"/> Change in bank account * <input type="checkbox"/> Change in authorized amount	Last Name _____ Mailing Address _____ City _____ Home Telephone # _____	First Name _____ State _____ Email _____	M.I. _____ Zip _____
Donations/payments should be taken from: <input type="checkbox"/> Checking (attach a voided check) <input type="checkbox"/> Savings (attach a savings deposit slip)	<b>REQUIRED:</b> I authorize Bethel Lutheran Church and Vanco Services, LLC 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 the authorization.		
Routing Number _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i>	Account Holder Signature _____ Date _____		
<b>* ATTACH A VOIDED CHECK OR SAVINGS DEPOSIT SLIP FOR A NEW ENROLLMENT OR CHANGE IN BANK ACCOUNT ONLY</b>			

Complete this section for Lutheran <b>CONGREGATION DONATIONS</b>			
Congregation Name <b>BETHEL LUTHERAN CHURCH</b>		Street Address <b>312 WISCONSIN AVE</b>	
City <b>MADISON</b>		State <b>WI</b>	Zip <b>53703</b>
<b>Church Fund Designations:</b> _____ _____ _____ _____ _____	<b>Amount Per Donation:</b> \$ _____ \$ _____ \$ _____ \$ _____ \$ _____	<b>Frequency of Donation:</b> (Please check only one) <input type="checkbox"/> Weekly on Monday <input type="checkbox"/> Weekly on Friday <input type="checkbox"/> Semi-monthly (transferred on 1 <sup>st</sup> and 15 <sup>th</sup> of each month) <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup>	
<b>TOTAL DONATION AMOUNT</b> \$ _____ (minimum \$5)		Date of First Donation _____	
<b>Note:</b> The total amount will be transferred based on the frequency selected.			

Please attach voided check (for checking account) or deposit slip (for savings account) here if new or changing bank account.	
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*** REQUIRED *** MUST BE COMPLETED BY CONGREGATION / INSTITUTION			
Congregation / Institution Code _____	Envelope Number _____	Date _____	Verifier Initials _____