



Sheboygan Evangelical Free Church Automated Bank Debit Enrollment

To enroll, please complete this form and mail with a voided check or deposit slip to:
Sheboygan Evangelical Free Church
Attn: Ann Tuneberg
1710 N. 15th St.
Sheboygan, WI 53081

Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Email: _____

Select one of the following:

New Enrollment Change in Amount Change in Account

Please select frequency and amount of transfers:

Monthly 1st of every month (or next business day) in the amount of \$ _____

Bi-monthly 1st & 15th of every month (or next business day) in the amount of \$ _____

Weekly 1st Monday of each week (or next business day) in the amount of \$ _____

When do you want the Auto Debit to begin? (Date of first transaction): _____
(Please allow 15 days to process your request.)

Account Information:

Checking Account (attach voided check or deposit slip)

Savings Account (attach deposit slip)

Account No. _____ Routing No. _____

Authorization:

I authorize Sheboygan Evangelical Free Church to process debit entries to my account as indicated herein. I have attached the appropriate deposit slip. This authority will remain in effect until I give 15 days notification to terminate this authorization.

Authorized Signature: _____ Date _____

- ✓ All gifts are tax-deductible
- ✓ If you have any questions, contact the church office at 920.452.6520

Other Options for Giving at Sheboygan Evangelical Free Church

1. Give on Sundays during the worship services. If you would like offering envelopes, please contact the church office.
2. Give by mailing your gift to the church office. (You can also utilize your bank's billpay option to have a check sent automatically on the day you specify.)