eGiving

The eGiving Program
Through eGiving, your offerings are made through a pre-authorized withdrawal from your bank account. You determine the frequency of your automatic donation – weekly, or monthly. The option is yours. Your donation is deposited into Our Savior's bank account on the same day it is withdrawn from your account.

Benefits to You and …. Our Savior's
eGiving is a reliable, safe way to move your stewardship plan into action. It allows you to share your donations through planned giving and activates your generosity into ongoing stewardship. This is literally "first fruits" giving, as you decide up front the level of your giving. With your donation being given consistently, you won't need to play "catch-up" at the end of the year or worry about forgotten check books, or missed Sunday offerings. With this option you will not be the only one that benefits. Our Savior's benefits from steady, more predictable donations throughout the year, more efficient bookkeeping, and greater confidence in meeting its financial commitments.

Who do you call if you have more questions about the eGiving Program? How do you cancel or change your authorization? Contact Our Savior's Treasurer Debbi Pittman at treasurer.osbeldenville@gmail.com or contact the Church Office at 715-273-4570, or office.osbeldenville@gmail.com.

ENROLLMENT INSTRUCTIONS:

1. Using black ink, complete the personal information section including name, address and telephone numbers.
2. Indicate whether this is a new enrollment/authorization, a change in account information or a change in bank account.
3. Indicate the account type, routing number and account number. Attach a voided check or savings deposit slip to the enrollment form for a new enrollment or change in bank account.
4. Sign and date the account holder signature section.
5. Designate which funds your donation should go to and the amount**.**
6. Select the frequency of your offering.
7. Indicate the date of first donation.
8. Return the completed enrollment form to Our Savior's Church Office.

SEE REVERSE SIDE FOR AUTHORIZATION FORM

AUTHORIZATION FORM – eGiving

Name of the organization: _Our Savior's Lutheran Church__

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE

Effective date of authorization: _____/_____/_____

Type of authorization:
- ❑ New authorization
- ❑ Change donation amount
- ❑ Change donation date
- ❑ Change banking information
- ❑ Discontinue electronic donation

Last Name	First Name	
Address		
City	State	Zip
Email Address		

DATE OF FIRST DONATION:

_____/_____/_____

FREQUENCY OF DONATION:
- ❑ Weekly – Mondays
- ❑ Monthly on the 1st
- ❑ Monthly on the 15th

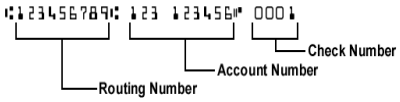
FUNDS:	AMOUNTS:
❑ General/Operating	$_____
❑ Building	$_____
❑ Other_____	$_____
Total from above	**$_____**

CHECKING / SAVINGS

Please debit my donation from my (check one):
- ❑ Savings Account (contact your financial institution for Routing #)
- ❑ Checking Account (attach a voided check below)

Routing Number: _____
Valid Routing # must start with 0, 1, 2, or 3

Account Number: _____



I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature:_____ Date:_____

CREDIT / DEBIT CARD

Card Brand (check one): ❑ Visa ❑ MasterCard ❑ American Express ❑ Discover Card

Card Number:	Expiration Date:
Name on Card:	
Billing Address (if different from above):	

I authorize the above organization to process transactions in accordance with the information above.

Signature (as it appears on the card): _____ Date: _____

If using a checking account, please attach a voided check over the credit/debit card section above.