

# South Wisconsin District of The Lutheran Church—Missouri Synod

## Electronic giving enrollment form



To schedule gifts for automatic withdrawal from your bank account, please complete this form and return to the South Wisconsin District office: 8100 W. Capitol Dr., Milwaukee, WI 53222; Fax (414) 464-0602. We invite you to make your mission and ministry gift securely online. Visit [swd.lcms.org](http://swd.lcms.org) and click “Get involved” to learn more or click “Account login” to begin creating your account.

Check the appropriate box:  New enrollment     Offering change     Account information change

Last name	First name	Middle initial	Daytime telephone
Mailing address		City, State, Zip	E-mail address
Congregation name		Congregation city	Cong. code (if known)

### Gift category

	Amount
District/Synod Mission & Ministry (general fund)	\$ _____
Mission outreach — Reach the lost	\$ _____
Mission of mercy — Help the poor	\$ _____
Mission leadership — Train pastors/missionaries	\$ _____
Mission cross-cultural — International and local	\$ _____
Other SWD ministry (please specify):	
_____	\$ _____
_____	\$ _____
<b>Total</b>	<b>\$ _____</b>

**Please  
attach a  
voided  
check or  
savings  
deposit  
slip.**

### Account details

Debit from:     Checking    or     Savings

Account is:     Personal    or     Corporate

Name on the account: \_\_\_\_\_

Your bank's name: \_\_\_\_\_

Account number: \_\_\_\_\_

Routing number: \_\_\_\_\_



### Transfer frequency (check one):

- Weekly
- Every two weeks
- Monthly
- Quarterly

### Start date

\_\_\_\_\_ (dd/mm/yyyy)

### End date (if any)

\_\_\_\_\_ (dd/mm/yyyy)

### Authorization

I authorize South Wisconsin District—LCMS and CashLINQ Group, LLC to process debit entries from my account. This authority will remain in effect until I give reasonable notification to terminate this authorization or until the last specified payment date.

\_\_\_\_\_  
Authorized signature for account

\_\_\_\_\_  
Date