



# AUTOMATED BANK DEBIT ENROLLMENT

To enroll, please complete this form and mail with a voided check or withdrawal slip to:  
Westbridge Community Church  
PO Box 148  
St. Michael, MN 55376

## Information

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

## Select one of the following

- New enrollment                       Change in amount                       Change in account

## Please select the frequency and amount of transfers

1st of every month or next business day in the amount of \$ \_\_\_\_\_

15th of every month or next business day in the amount of \$ \_\_\_\_\_

1st & 15th of every month or next business day in the amount of \$ \_\_\_\_\_

When do you want the Auto Debit to begin? (*date of first transaction*) \_\_\_\_\_

## Account Information

Please deduct my gift payment directly from my:

Checking Account (attach voided check)                      Account # \_\_\_\_\_

Savings Account (attach voided withdrawal slip)                      Routing # \_\_\_\_\_

## Fund Information

Please apply my gift to the following funds:

General Fund                      Amount \$ \_\_\_\_\_

Room for Everyone Building Campaign                      Amount \$ \_\_\_\_\_

## Authorization

I authorize Westbridge Community Church to process debt entries to my account as indicated herein. I have attached a voided check or withdrawal slip. This authority will remain in effect until I give 30 days notice to terminate this authorization.

Authorized Signature \_\_\_\_\_

\*All gifts are tax-deductible

\*\* If you have questions, contact us at 763.634.1005 or info@westbridgechurch.com

**\*\*ATTACH VOIDED CHECK OR WITHDRAWL SLIP TO THIS FORM\*\***