

# First Baptist Church of Holland

## Automated Giving Enrollment Form

To enroll, please complete this form, attach a voided check or deposit slip, and return to:  
First Baptist Church of Holland / P.O. Box 216 / Holland, Texas 76534

### PERSONAL INFORMATION:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

### SELECT ONE OF THE FOLLOWING:

New Enrollment       Change Amount       Change Account

### ACCOUNT INFORMATION:

Checking Account (attach voided check)       Savings Account (attach deposit slip)

Account Number: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

### DESIGNATE YOUR GIFT(S):

Tithe       Tomorrow Fund       Holland Community Food Pantry

Weekend Backpack Project       Other: \_\_\_\_\_

### AMOUNT AND FREQUENCY OF GIVING:

Please deduct my tithe of \$\_\_\_\_\_.00 from my account on \_\_\_\_\_ of each month/week.

Please deduct my Tomorrow Fund gift of \$\_\_\_\_\_.00 from my account on \_\_\_\_\_ each month/week.

Please deduct my Food Pantry gift of \$\_\_\_\_\_.00 from my account on \_\_\_\_\_ each month/week.

Please deduct my Building Fund gift of \$\_\_\_\_\_.00 from my account on \_\_\_\_\_ each month/week.

Please deduct my other donation of \$\_\_\_\_\_.00 from my account on \_\_\_\_\_ each month/week.

### AUTHORIZATION:

*I hereby authorize the First Baptist Church of Holland to process debit entries to my account as indicated above. This authority will remain in effect until I give reasonable notification to terminate this authorization.*

**AUTHORIZED SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*If you have questions about automated giving, please contact the First Baptist Church of Holland and speak to our Financial Secretary, Tami Thomas, by phone at 254-657-2521 or by email [tami@fbchollandtx.com](mailto:tami@fbchollandtx.com).*