

When do you want your automated giving (or requested change to begin?

_____ (Month/Date/Year)

This authorization is to remain in full force and effect until COMPANY has received **written notification** from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Signature _____

Date _____

(FOR ASSISTANCE WITH THIS FORM OR ONLINE GIVING, PLEASE CALL PAULINE AT 608-822-6797)