



# Member Enrollment and Authorization Form

Return completed enrollment form to the Lutheran congregation benefiting from your giving.

Complete this section for **ALL ENROLLMENTS** (Please print in black ink)

<b>Check the appropriate box:</b> <input type="checkbox"/> New enrollment/authorization * <input type="checkbox"/> Change in bank account * <input type="checkbox"/> Change in authorized amount	Last Name		First Name		M.I.
	Mailing Address				
	City		State	Zip	
	Home Telephone #		Work Telephone #		

## CONGREGATION DONATIONS

Congregation Name		Street Address	
City		State	Zip
<b>Church Fund Designations:</b> _____ General/Operating \$ _____ _____ Building \$ _____ _____ Evangelism/Outreach \$ _____ _____ \$ _____ _____ \$ _____ <b>TOTAL DONATION AMOUNT</b> \$ _____ (minimum \$5)	<b>Amount Per Donation:</b> _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____	<b>Frequency of Donation:</b> (Please check only one) <input type="checkbox"/> Weekly on Monday <input type="checkbox"/> Weekly on Friday <input type="checkbox"/> Semi-monthly (transferred on 1 <sup>st</sup> and 15 <sup>th</sup> of each month) <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup>  Date of First Donation _____	

Note: The total amount will be transferred based on the frequency selected.

Complete this section if you want donations to come from your **CHECKING OR SAVINGS ACCOUNT**

Donations should be taken from: <input type="checkbox"/> Checking (attach a voided check) <input type="checkbox"/> Savings (attach a savings deposit slip)  Routing Number _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i>  Account Number _____	<b>REQUIRED:</b> I authorize Thrivent Financial for Lutherans and Vanco Services, LLC to automatically withdraw donations from my account. I have attached a voided check or savings deposit slip. This authority will remain in effect until I give reasonable notification to terminate the authorization.  Account Holder Signature _____ Date _____
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**\* ATTACH A VOIDED CHECK OR SAVINGS DEPOSIT SLIP FOR A NEW ENROLLMENT OR CHANGE IN BANK ACCOUNT ONLY**

Complete this section if you want donations to come from your **CREDIT CARD**

Please charge my donation to my (check one):		<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover Card
Credit Card Number:			Expiration Date:		
Name on Card:					
Billing Address (if different from above):					
<b>REQUIRED:</b> I authorize Thrivent Financial for Lutherans and Vanco Services, LLC to charge my credit card in accordance with the information above. This authority will remain in effect until I give reasonable notification to terminate the authorization.  Signature (as it appears on the credit card) _____ Date _____					

**\*\*\* REQUIRED \*\*\* MUST BE COMPLETED BY CONGREGATION**

Congregation Code \_\_\_\_\_ Envelope Number \_\_\_\_\_ Verifier Initials \_\_\_\_\_