



# Member Enrollment and Authorization Form

Return completed enrollment form to the Lutheran congregation, school, or institution 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 # _____

Donations/payments should be taken from:  
 Checking (attach a voided check)  
 Savings (attach a savings deposit slip)

Routing Number \_\_\_\_\_  
*Valid Routing # must start with 0, 1, 2, or 3*

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

**REQUIRED:**  
 I authorize Thrivent Financial for Lutherans and Vanco Services, LLC to automatically withdraw donations/payments 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 \_\_\_\_\_

**\* ATTACH A VOIDED CHECK OR SAVINGS DEPOSIT SLIP FOR A NEW ENROLLMENT OR CHANGE IN BANK ACCOUNT ONLY**

**Complete this section for Lutheran CONGREGATION DONATIONS**

Congregation Name: _____	Street Address: _____	
City: _____	State: _____	Zip: _____

<b>Church Fund Designations:</b> _____ General/Operating \$ _____ _____ Capital Campaign \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____ <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 _____
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**Note:** The total amount will be transferred based on the frequency selected.

**Complete this section for Lutheran SCHOOL TUITION PAYMENTS**

School Name: _____	Street Address: _____	
City: _____	State: _____	Zip: _____

(a) Total annual tuition for all family members \$ _____ (b) Number of payments (see below) _____ (c) <b>Amount of each payment (a ÷ b)</b> \$ _____	Date of First Payment _____ Date of Last Payment _____
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Contact your school for information on:

- Payment duration options (e.g. 10 months or 12 months)
- Date the first and last payments are due
- Date that monthly transaction must occur

**Complete this section for Lutheran INSTITUTION DONATIONS**

Institution Name _____	Street Address _____	
City _____	State _____	Zip _____

<b>Date of Donation:</b> (Please check only one) <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup> Amount of monthly donation \$ _____ (minimum \$5)	Date of First Donation _____ Date of Last Donation _____ <b>Note:</b> To have your donation given continuously until you notify us to change or stop it, please write "CONT" in the Date of Last Donation.
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**\*\*\* REQUIRED \*\*\* MUST BE COMPLETED BY CONGREGATION / INSTITUTION**

Congregation / Institution Code \_\_\_\_\_ Envelope / Student / Participant Number \_\_\_\_\_ Verifier Initials \_\_\_\_\_