

## Member Enrollment and Authorization Form

Return completed enrollment form to the Lutheran congregation, school, or institution benefiting from your giving.

Complete time cochemit is I	ENKULLIVIENTO (PIE	ase print in black	ink)			
eck the appropriate box:  Last Name		p. I	First Name		M.I.	
☐ New enrollment/authorization *	Mailing Address				Control of	
☐ Change in bank account *	City		State	ZIP	ZIP	
☐ Change in authorized amount	Home Telephone #		Work Telephone #			
Donations/payments should be taken fr	rom:	REQUIRED:				
☐ Checking (attach a voided check)		I authorize Thrivent Financial for Lutherans and Vanco Services, LLC to				
☐ Savings (attach a savings deposit slip)		automatically withdraw offerings/donations/payments from my account. I have attached a voided check or savings deposit slip. This authority will remain in				
Routing Number		effect until I give reasonable notification to terminate the authorization.				
Valid Routing # mus	st start with 0, 1, 2 or 3	Account Holder Sig	nature			
Account Number		Date				
* ATTACH A VOIDED CHECK	OR SAVINGS DEPOSIT SLIP	FOR A NEW ENRO	DLLMENT OR CHAP	NGE IN BANK ACCO	OUNT ONLY	
		DOMATIONS				
Complete this section for Luthe	ran CONGREGATION	Street Addr				
Congregation Name		State State	555	ZIP		
City Church Fund Designations: Amount Per Donation:			of Donation: (Please	1 700		
Church Fund Designations: Amount Per Donation:  General/Operating \$			Frequency of Donation: (Please check only one)  Weekly on Monday			
Building \$		<ul> <li>☐ Weekly on Friday</li> <li>☐ Semi-monthly (transferred on 1<sup>st</sup> and 15<sup>th</sup> of each month)</li> </ul>				
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TOTAL DONATION AM		m \$5) Date of Firs	t Donation			
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Note: The total amount will be transfer  Complete this section for Luthe School Name  City  (a) Total annual tuition for all family n	ran SCHOOL TUITION	Date of First Da	it Donation			
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Note: The total amount will be transfer  Complete this section for Luthe School Name City  (a) Total annual tuition for all family n  (b) Number of payments (see below)  (c) Amount of each payment (a * b)	red based on the frequency selector an SCHOOL TUITION members \$	Date of First Da	ess st Payment			
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*** REQUIRED *** MUST BE COMPLETED BY CONGREGATION/INSTITUT
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Congregation/Institution Code

Envelope/Student/Participant Number\_

Verifier Initials