



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)

Check the appropriate box: <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: <input type="checkbox"/> Checking (attach a voided check) <input type="checkbox"/> Savings (attach a savings deposit slip)			REQUIRED: I authorize Thrivent Financial for Lutherans and Vanco Services, LLC to automatically withdraw offerings/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.		
Routing Number _____ <i>Valid Routing # must start with 0, 1, 2 or 3</i>			Account Holder Signature _____		
Account Number _____			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
Church Fund Designations: _____ General/Operating \$ _____ _____ Building \$ _____ _____ Evangelism/Outreach \$ _____ _____ \$ _____ _____ \$ _____		Amount Per Donation: _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____ TOTAL DONATION AMOUNT \$ _____ (minimum \$5)	
Frequency of Donation: (Please check only one) <input type="checkbox"/> Weekly on Monday <input type="checkbox"/> Weekly on Friday <input type="checkbox"/> Semi-monthly (transferred on 1 st and 15 th of each month) <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th		Date of First Donation _____	
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) Amount of each payment (a ÷ b) \$ _____		Date of First Payment _____ Date of Last Payment _____	
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
Date of Donation: (Please check only one) <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th		Date of First Donation _____ Date of Last Donation _____	
Amount of monthly donation \$ _____ (minimum \$5)		Note: To have your donation given continuously until you notify us to change or stop it, please write "CONT" in the Date of Last Donation.	

*** REQUIRED *** MUST BE COMPLETED BY CONGREGATION/INSTITUTION

Congregation/Institution Code _____ Envelope/Student/Participant Number _____ Verifier Initials _____