



## 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> _____ _____ _____ _____ _____	<b>Amount Per Donation:</b> \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ <b>TOTAL DONATION AMOUNT</b> \$ _____ (minimum \$5)	<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.

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

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