



# Member Enrollment and Authorization Form

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

<b>Complete this section for ALL ENROLLMENTS</b> (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: <input type="checkbox"/> Checking (attach a voided check) <input type="checkbox"/> Savings (attach a savings deposit slip)		<b>REQUIRED:</b> 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.	
Routing Number _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i>		Account Holder Signature _____ Date _____	
<b>* ATTACH A VOIDED CHECK OR SAVINGS DEPOSIT SLIP FOR A NEW ENROLLMENT OR CHANGE IN BANK ACCOUNT ONLY</b>			

<b>Complete this section for Lutheran CONGREGATION DONATIONS</b>			
Congregation Name: _____		Street Address: _____	
City: _____		State: _____	Zip: _____
<b>Church Fund Designations:</b> _____ General/Operating \$ _____ _____ Building \$ _____ _____ Evangelism/Outreach \$ _____ _____ \$ _____ _____ \$ _____	<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>	
<b>TOTAL DONATION AMOUNT</b> \$ _____ (minimum \$5)		Date of First Donation _____	
<b>Note:</b> The total amount will be transferred based on the frequency selected.			

<b>Complete this section for Lutheran SCHOOL TUITION PAYMENTS</b>			
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 _____	
Contact your school for information on: <ul style="list-style-type: none"> <li>• Payment duration options (e.g. 10 months or 12 months)</li> <li>• Date the first and last payments are due</li> <li>• Date that monthly transaction must occur</li> </ul>			

<b>Complete this section for Lutheran INSTITUTION DONATIONS</b>			
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>		Date of First Donation _____ Date of Last Donation _____	
Amount of monthly donation \$ _____ (minimum \$5)		<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.	

<b>*** REQUIRED *** MUST BE COMPLETED BY CONGREGATION / INSTITUTION</b>			
Congregation / Institution Code _____		Envelope / Student / Participant Number _____ Verifier Initials _____	