



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:

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:

Church Fund Designations:	Amount Per Donation:
General/Operating	\$ _____
Mortgage [Reaching for the Dream]	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL DONATION AMOUNT	\$ _____ (minimum \$5)

Frequency of Donation: (Please check only one)

Weekly on Monday

Weekly on Friday

Semi-monthly (transferred on 1st and 15th of each month)

Monthly on the 1st

Monthly on the 15th

Date of First Donation _____

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 _____