



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: Our Savior Lutheran Church		Street Address: 1212 Washington Ave	
City: Alamogordo		State: NM	Zip: 88310

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 _____
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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 _____
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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 Amount of monthly donation \$ _____ (minimum \$5)	Date of First Donation _____ Date of Last Donation _____ 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.
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***** REQUIRED *** MUST BE COMPLETED BY CONGREGATION / INSTITUTION**

Congregation / Institution Code **0018940445** Envelope / Student / Participant Number _____ Verifier Initials _____