



## Member Enrollment and Authorization Form

Complete This Section for ALL Enrollments (Please Print)			
Last Name	First Name	Middle Initial	
Mailing Address	City	State	ZIP Code
Home Telephone Number	Work Telephone Number		
Check the appropriate box: <input type="checkbox"/> New enrollment/authorization <input type="checkbox"/> Change in authorized amount <input type="checkbox"/> Change in account			
Gifts/payments should be taken from: <input type="checkbox"/> Checking (attach a voided check) <input type="checkbox"/> Savings (attach a savings deposit slip) Routing Number _____ <b>Valid routing # must start with 0, 1, 2, or 3</b> Account Number _____	<b>REQUIRED:</b> I authorize Thrivent Financial for Lutherans and Vanco Services, LLC to automatically withdraw contributions/tuition payments/donations 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 _____		
*** ATTACH EITHER A VOIDED CHECK OR A SAVINGS DEPOSIT SLIP ***			

Complete This Section for Lutheran Congregation Donations			
Congregation Name	Street Address		
City	State	ZIP Code	
<b>Frequency of Funds Transfer</b> (Please check only one): <input type="checkbox"/> Weekly on Monday <input type="checkbox"/> Weekly on Friday <input type="checkbox"/> Semi-monthly (transferred on 1st and 15th of each month) <input type="checkbox"/> Monthly on the 1st <input type="checkbox"/> Monthly on the 15th  START DATE: _____ Church Envelope Number: _____	<b>Church Fund Designations:</b> General/Operating \$ _____ Building \$ _____ Evangelism/Outreach \$ _____ _____ \$ _____ _____ \$ _____ <div style="text-align: right;"><b>TOTAL</b> \$ _____</div>	<b>Amount</b> \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____	

Complete This Section for Lutheran School Tuition Payments			
School Name	Street Address		
City	State	ZIP Code	
Total annual tuition for all family members \$ _____ Divided by number of monthly payments (see below) _____ Amount of each monthly payment \$ _____  Please 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 during each month that the transaction will occur</li> <li>Student's school tuition number</li> </ul>		Date of first payment: _____ Date of last payment: _____ Student's Tuition Number: _____	

Complete This Section for Lutheran Institution Donations			
Institution Name	Street Address		
City	State	ZIP Code	
Date of Monthly Gift Transfer (Please check only one): <input type="checkbox"/> Monthly on the 1st <input type="checkbox"/> Monthly on the 15th Amount of each monthly gift (minimum \$5) \$ _____		Date of first payment: _____ Date of last payment*: _____ * Note: If you want your gift to be given continuously until you notify us to change the amount or stop the gift, please write "CONT." as the date of the last payment.	

FOR CONGREGATION/INSTITUTION OFFICE USE ONLY	
Congregation/Institution Code: _____ Envelope/Participant Number: _____	Date: _____ Verifier Initials: _____