

Joyful Response[®] Electronic Offering Program

Enrollment/Change Form

Complete this form and return it to the church office to begin or change your current stewardship offering. Your offering will be made automatically from your bank account or your LCEF StewardAccount[®].

Check the appropriate box:

- New enrollment
 Offering change
 Account information change

Please Print in Black Ink

Member Last Name	First Name	MI	Daytime Telephone
Mailing Address	City, State, ZIP		Email Address
Congregation Name		Congregation Telephone Number	
Congregation Mailing Address		City, State, ZIP	

My Offering																
<table style="width: 100%;"> <thead> <tr> <th style="text-align: left;">Fund Designations:</th> <th style="text-align: right;">Amount:</th> </tr> </thead> <tbody> <tr> <td>1. General Fund _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>2. Building _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>3. _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>4. _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>5. _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>6. _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="text-align: right;">TOTAL</td> <td style="text-align: right;">\$ _____</td> </tr> </tbody> </table>	Fund Designations:	Amount:	1. General Fund _____	\$ _____	2. Building _____	\$ _____	3. _____	\$ _____	4. _____	\$ _____	5. _____	\$ _____	6. _____	\$ _____	TOTAL	\$ _____
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TOTAL	\$ _____															

Debiting Account

Debit from:

- Checking
 Savings
 LCEF StewardAccount

Account Number _____

Routing Number (First nine numbers in bottom left-hand corner of check) _____

Transfer Date (check one):

- Weekly (Monday)
 Semi-monthly (1st and 15th)
 Monthly on the 1st
 Monthly on the 15th
 Other _____
 (As approved by church office.)

Start date: ____/____/____

End date (if any): ____/____/____

Authorization

I authorize the above-named organization to process debit entries from my account. This authority will remain in effect until I give reasonable notification to terminate this authorization or until the last specified payment date.

Authorized Signature for Account _____ Date _____

TO BE COMPLETED BY CHURCH OFFICE	
Member ID# _____	Initials _____
Vanco Client ID# _____	Date _____

Attach void check or savings deposit slip here.