

Mail completed form to:



Fax completed form to:

## Member Enrollment and Authorization Form

**Complete This Section for ALL Enrollments: (Please print)**

Last Name	First Name	Middle Initial
Mailing Address	City	State
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		

**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 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>Church Fund Designations:</b> General/Operating \$ _____ Building \$ _____ Evangelism/Outreach \$ _____ _____ \$ _____ _____ \$ _____ <div style="text-align: right;"><b>TOTAL</b> \$ _____</div>	
START DATE: _____		Church Envelope Number: _____	

<b>CHECKING / SAVINGS</b>	Please debit my contribution from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below)	Routing Number: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  Account Number: _____ 
	I authorize the above organization and Vanco Services, LLC to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.	
	Authorized Signature: _____ Date: _____	

<b>CREDIT CARD</b>	Please charge my contribution to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card
	Credit Card Number: _____ Expiration Date: _____
	Name on Card: _____
	Billing Address (if different from above): _____
	I authorize the above organization and Vanco Services, LLC to charge my credit card in accordance with the information above. Signature (as it appears on the credit card): _____ Date: _____

**FOR CONGREGATION/INSTITUTION OFFICE USE ONLY:**

Congregation/Institution Code: _____	Date: _____
Envelope/Participant Number: _____	Verifier Initials: _____