

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 School Tuition Payments:

Name of Institution Receiving Tuition Payment	Street Address		
City	State	ZIP Code	
Total annual tuition for all family members	\$ _____	Date of first payment: _____	
Divided by number of monthly payments (see below)	_____	Date of last payment: _____	
Amount of each monthly payment	\$ _____	Student's Tuition Number: _____	
Please contact your school for information on: <ul style="list-style-type: none"> Payment duration options (e.g. 10 months or 12 months) Date the first and last payments are due Date during each month that the transaction will occur 			

CHECKING / SAVINGS	Please debit my contribution from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____
	I authorize Thrivent Financial for Lutherans and Vanco Services, LLC to automatically withdraw contributions 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: _____	

CREDIT CARD	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 Thrivent Financial for Lutherans 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: _____