



# Member Enrollment and Authorization Form

Return completed enrollment form to the Lutheran congregation 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 #		

## CONGREGATION DONATIONS

Congregation Name: Sharon Lutheran Church		Street Address: 1720 S. 20th Street	
City: Grand Forks		State: ND	Zip: 58201
<b>Church Fund Designations:</b> _____ General/Operating                      \$ _____ _____ Fulfilling the Dream Capital Appeal    \$ _____ _____ _____                                      \$ _____ _____ _____                                      \$ _____ <b>TOTAL DONATION AMOUNT</b> \$ _____ (minimum \$5)	<b>Amount Per Donation:</b> _____ _____ _____ _____	<b>Frequency of Donation: (Please check only one)</b> <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> Date of First Donation _____	

Note: The total amount will be transferred based on the frequency selected.

Complete this section if you want donations to come from your **CHECKING OR SAVINGS ACCOUNT**

Donations should be taken from: <input type="checkbox"/> Checking (attach a voided check) <input type="checkbox"/> Savings (attach a savings deposit slip) Routing Number _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number _____	<b>REQUIRED:</b> I authorize Thrivent Financial for Lutherans and Vanco Services, LLC to automatically withdraw 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 _____ Date _____
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\* ATTACH A VOIDED CHECK OR SAVINGS DEPOSIT SLIP FOR A NEW ENROLLMENT OR CHANGE IN BANK ACCOUNT ONLY

Complete this section if you want donations to come from your **CREDIT CARD**

Please charge my donation 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): _____	
<b>REQUIRED:</b> I authorize Thrivent Financial for Lutherans and Vanco Services, LLC to charge my credit card in accordance with the information above. This authority will remain in effect until I give reasonable notification to terminate the authorization. Signature (as it appears on the credit card) _____ Date _____	

**\*\*\* REQUIRED \*\*\* MUST BE COMPLETED BY CONGREGATION**

Congregation Code: 0018641118                      Envelope Number \_\_\_\_\_                      Verifier Initials \_\_\_\_\_