Electronic Giving

A convenient, consistent way to help our church grow

Complete this section for ALL ENROLLMENTS — **Envelope #**

Check the appropriate box:
☐ New enrollment/authorization*
☐ Change in bank account*
☐ Change in authorized amount

Last Name	**First Name**	**MI**
Mailing Address		
City	**State**	**Zip**
Home Telephone#	**Work Telephone#**	

Donations/payments should be taken from:
☐ Checking (attach a voided check)
☐ Savings (attach a savings deposit slip)

Routing Number _____
(Valid Routing # must start with 0, 1, 2 or 3)

Account Number_____

REQUIRED

I authorize Thrivent Financial for Lutherans and Vanco Services, LLC, to automatically withdraw donations/payments 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_____

***ATTACH A VOIDED CHECK OR SAVINGS DEPOSIT SLIP FOR A NEW ENROLLMENT OR CHANGE IN BANK ACCOUNT ONLY.**

Complete this section for Lutheran CONGREGATION DONATIONS

Congregation Name: St. John's Lutheran Church

Church Fund Designations: **Amount Per Donation**:

☐ General Operating $_____
☐ Building $_____
☐ School $_____
☐ Missions $_____
☐ Other $_____
TOTAL DONATION AMOUNT $_____ (min. $5)

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

Frequency of Donation: (Please check only one)

☐ Weekly on Monday
☐ Weekly on Friday
☐ Semi-monthly (transferred on 1st & 15th of each month)
☐ Monthly on the 1st
☐ Monthly on the 15th

Date of First Donation _____

COMPLETE THIS SECTION FOR *LUTHERAN SCHOOL TUITION PAYMENTS*

School Name: St. John's Lutheran School

(a) Total annual tuition for all family members $_____
(b) Number of payments (see below) _____
(c) Amount of each payment $_____

Contact your school for information on:

- Payment duration options (e.g. 10 month or 12 months)
- Date the first and last payments are due
- Date that monthly transaction must occur

Date of First Payment _____

Date of Last Payment_____

MEMBER ENROLLMENT AND AUTHORIZATION FORM

Return completed enrollment form to the Lutheran congregation, school, or institution benefiting from your giving.