



A convenient, consistent way to help our church grow

<b>Complete this section for ALL ENROLLMENTS</b>			Envelope #
<b>Check the appropriate box:</b> <input type="checkbox"/> New enrollment/authorization* <input type="checkbox"/> Change in bank account* <input type="checkbox"/> Change in authorized amount	<b>Last Name</b> _____	<b>First Name</b> _____	
	<b>Mailing Address</b> _____		
	<b>City</b> _____	<b>State</b> _____	<b>Zip</b> _____
	<b>Home Telephone#</b> _____		<b>Work Telephone#</b> _____
<b>Donations/payments should be taken from:</b> <input type="checkbox"/> Checking (attach a voided check) <input type="checkbox"/> Savings (attach a savings deposit slip)		<b>REQUIRED</b> 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.	
Routing Number _____ (Valid Routing # must start with 0, 1, 2 or 3)		Account Holder Signature _____	
Account Number _____		Date _____	
<b>*ATTACH A VOIDED CHECK OR SAVINGS DEPOSIT SLIP FOR A NEW ENROLLMENT OR CHANGE IN BANK ACCOUNT ONLY.</b>			

<b>Complete this section for Lutheran CONGREGATION DONATIONS</b>	
<b>Congregation Name:</b> St. John's Lutheran Church	
<b>Church Fund Designations: Amount Per Donation:</b> <input type="checkbox"/> General Operating      \$ _____ <input type="checkbox"/> Building                        \$ _____ <input type="checkbox"/> School                              \$ _____ <input type="checkbox"/> Missions                         \$ _____ <input type="checkbox"/> Other                                 \$ _____	<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> & 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>TOTAL DONATION AMOUNT</b> \$ _____ (min. \$5) <small>Note: The total amount will be transferred based on the frequency selected.</small>	Date of First Donation _____

<b>COMPLETE THIS SECTION FOR LUTHERAN SCHOOL TUITION PAYMENTS</b>	
<b>School Name:</b> St. John's Lutheran School	
(a) Total annual tuition for all family members \$ _____ (b) Number of payments (see below) _____ (c) Amount of each payment \$ _____	Date of First Payment _____  Date of Last Payment _____
<b>Contact your school for information on:</b> <ul style="list-style-type: none"> <li>Payment duration options (e.g. 10 month or 12 months)</li> <li>Date the first and last payments are due</li> <li>Date that monthly transaction must occur</li> </ul>	

**MEMBER ENROLLMENT AND AUTHORIZATION FORM**  
 Return completed enrollment form to the Lutheran congregation,  
 school, or institution benefiting from your giving.