



# Member Enrollment and Authorization Form

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

**Complete this section for ALL ENROLLMENTS** (Please print in black ink)

|   |                        |  |                  |                        |            |
|---|------------------------|--|------------------|------------------------|------------|
| <b>Check the appropriate box:</b><br><input type="checkbox"/> New enrollment/authorization *<br><input type="checkbox"/> Change in bank account *<br><input type="checkbox"/> Change in authorized amount | Last Name _____        |  | First Name _____ |                        | M.I. _____ |
|   | 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: Advent Lutheran Church |  | Street Address: 9475 Jefferson Highway |            |
| City: Maple Grove                         |  | State: MN                              | Zip: 55369 |

|  |   |   |
|--|---|---|
| <b>Church Fund Designations:</b><br><input type="checkbox"/> General/Operating<br><input type="checkbox"/> Evangelism/Outreach<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____ | <b>Amount Per Donation:</b><br>\$ _____<br>\$ _____<br>\$ _____<br>\$ _____ | <b>Frequency of Donation: (Please check only one)</b><br><input type="checkbox"/> Weekly on Monday<br><input type="checkbox"/> Weekly on Friday<br><input type="checkbox"/> Semi-monthly (transferred on 1 <sup>st</sup> and 15 <sup>th</sup> of each month)<br><input type="checkbox"/> Monthly on the 1 <sup>st</sup><br><input type="checkbox"/> Monthly on the 15 <sup>th</sup> |
| <b>TOTAL DONATION AMOUNT</b> \$ _____ (minimum \$5)  |   | Date of First Donation _____  |

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

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

Congregation / Institution Code: 0018566711      Envelope / Student / Participant Number \_\_\_\_\_      Verifier Initials \_\_\_\_\_