



# Member Enrollment and Authorization Form

Return completed form to the congregational treasurer

<b>Complete this section for ALL ENROLLMENTS</b> (Please print in black ink)			
<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	Last Name	First Name	M.I.
	Mailing Address		
	City	State	Zip
	Home Telephone #	Work Telephone #	
Donations/payments should be taken from: <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 _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i>		Account Holder Signature _____ 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>			
Congregation Name: <b>LIVING WATERS LUTHERAN CHURCH</b>		Street Address: <b>11 OLD YORK ROAD</b>	
City: <b>RINGOES</b>		State: <b>NEW JERSEY</b>	Zip: <b>08551</b>
<b>Church Fund Designations:</b>  General / Operating..... \$ _____  Mortgage..... \$ _____  Total..... \$ _____	<b>Amount Per Donation:</b>	<b>Frequency of Donation:</b> (Please check only one) <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>	
<b>Note:</b> The total amount will be transferred based on the frequency selected.		Date of First Donation _____	

( attached voided check here – if new application )

<b>*** REQUIRED *** MUST BE COMPLETED BY CONGREGATION / INSTITUTION</b>			
Congregation / Institution Code	<b>0021149000</b>	Envelope / Student / Participant Number _____	Verifier Initials _____