



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)			
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 _____
	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)		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.	
Routing Number _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i>		Account Holder Signature _____	
Account Number _____		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 <u>Sunne Lutheran Church</u>		Street Address <u>7701 Hwy 36 PO Box 217</u>	
City <u>Wilton</u>		State <u>ND</u>	Zip <u>58579</u>
Church Fund Designations: <u>General/Operating</u> \$ _____ <u>Building</u> \$ _____ <u>Evangelism/Outreach</u> \$ _____ _____ \$ _____ _____ \$ _____	Amount Per Donation: _____ \$ _____ _____ \$ _____ _____ \$ _____ TOTAL DONATION AMOUNT \$ _____ (minimum \$5)	Frequency of Donation: (Please check only one) <input type="checkbox"/> Weekly on Monday <input type="checkbox"/> Weekly on Friday <input type="checkbox"/> Semi-monthly (transferred on 1 st and 15 th of each month) <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	
Note: The total amount will be transferred based on the frequency selected.		Date of First Donation _____	