

Complete this section for ALL enrollments (Please Print)

Last Name:		First Name:		Middle Initial:	
Mailing Address		City		State	Zip Code
Home Telephone Number:		Work Telephone Number:			
Check the appropriate box: <input type="checkbox"/> New enrolment/authorization		<input type="checkbox"/> Change in authorized amount		<input type="checkbox"/> Change in account	
<p>Privacy/Confidentiality: This Authorization Form is seen by the nonprofit Lutheran organizations enrolled in Simply Giving* as well as by the Vanco Services employees who process it. In addition, participant name and address information may be provided to Thrivent Financial for Lutherans. Participant information will not be shared with any other organizations</p>					
<p>Gifts/payments should be taken from:</p> <input type="checkbox"/> Checking (attach a voided check) <input type="checkbox"/> Savings (attach a savings deposit slip)			<p>I authorize Thrivent Financial for Lutherans and Vanco Services, LLC to automatically withdraw contributions/ tuition payment/donations 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.</p> <p>Authorization Signature: _____</p>		
<p>Routing No. (between these symbols I: I:) _____</p>					
<p>Account No. _____</p>					

Complete This Section for Lutheran Congregation Donations:

Congregation Name:		Street Address	
City	State:	Zip Code:	
Frequency of Funds Transfer: (Please check only one)	Church Fund Designations:	Amount:	
<input type="checkbox"/> Weekly on Monday	General /Operating	\$ _____	
<input type="checkbox"/> Weekly on Friday	Building	\$ _____	
<input type="checkbox"/> Semi-monthly (will be transferred on the 1st AND 15th of each month.)	Evangelism/Outreach	\$ _____	
<input type="checkbox"/> Monthly on the 1st	_____	\$ _____	
<input type="checkbox"/> Monthly on the 15th	_____	\$ _____	
START DATE: _____	_____	\$ _____	
Church Envelope Number: _____	TOTAL	\$ _____	