



Simply Giving®

Member Enrollment and Authorization Form

Return completed enrollment form to Church Secretary Linda, place in collection plate, or mail to Bethany in care of "Stewardship".

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

Check the appropriate box:		Last Name		First Name		M.I.	
<input type="checkbox"/> New enrollment/authorization *	Mailing Address						
<input type="checkbox"/> Change in bank account *	City		State		Zip		
<input type="checkbox"/> Change in authorized amount	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)							
Routing Number _____		Account Holder Signature _____					
Valid Routing # must start with 0, 1, 2, or 3		Date _____					
Account Number _____							

*** 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:		Street Address:	
City:		State:	
		Zip:	
Church Fund Designations:		Frequency of Donation: (Please check only one)	
General/Operating	\$ _____	<input type="checkbox"/> Weekly on Monday	
Building	\$ _____	<input type="checkbox"/> Weekly on Friday	
Evangelism/Outreach	\$ _____	<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	
TOTAL DONATION AMOUNT \$ _____ (minimum \$5)		Date of First Donation _____	

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

Complete this section for Lutheran SCHOOL TUITION PAYMENTS

School Name:		Street Address:	
City:		State:	
		Zip:	
(a) Total annual tuition for all family members	\$ _____	Date of First Payment	_____
(b) Number of payments (see below)	_____	Date of Last Payment	_____
(c) Amount of each payment (a ÷ b)	\$ _____		
Contact your school for information on:			
<ul style="list-style-type: none"> • Payment duration options (e.g. 10 months or 12 months) • Date the first and last payments are due • Date that monthly transaction must occur 			

Complete this section for Lutheran INSTITUTION DONATIONS

Institution Name		Street Address	
City		State	
		Zip	
Date of Donation: (Please check only one)			
<input type="checkbox"/> Monthly on the 1 st		Date of First Donation _____	
<input type="checkbox"/> Monthly on the 15 th		Date of Last Donation _____	
Amount of monthly donation \$ _____ (minimum \$5)		Note: To have your donation given continuously until you notify us to change or stop it, please write "CONT" in the Date of Last Donation.	

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

Congregation / Institution Code _____

Envelope / Student / Participant Number _____

Verifier Initials _____