

Complete this section for ALL ENROLLMENTS			Envelope #	
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 _____		MI
	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) 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: St. John's Lutheran Church	
Church Fund Designations: Amount Per Donation: <input type="checkbox"/> General Fund/Operating \$ _____ <input type="checkbox"/> Building \$ _____ <input type="checkbox"/> School \$ _____ <input type="checkbox"/> Under God's Roof \$ _____ <input type="checkbox"/> Other \$ _____ TOTAL DONATION AMOUNT \$ _____ (min. \$5) <small>Note: The total amount will be transferred based on the frequency selected.</small>	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 & 15 th of each month) <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th Date of First Donation _____

COMPLETE THIS SECTION FOR LUTHERAN SCHOOL TUITION PAYMENTS	
School Name: St. John's Lutheran School	
(a) Total annual tuition for all family members \$ _____ (b) Number of payments (see below) _____ (c) Amount of each payment \$ _____ Contact your school for information on: <ul style="list-style-type: none"> Payment duration options (e.g. 10 month or 12 months) Date the first and last payments are due Date that monthly transaction must occur 	Date of First Payment _____ Date of Last Payment _____

MEMBER ENROLLMENT AND AUTHORIZATION FORM
 Return completed enrollment form to the Lutheran congregation,
 school, or institution benefiting from your giving.