



# Member Enrollment and Authorization Form

Return completed enrollment form to the Lutheran congregation benefiting from your giving.

Complete this section for **ALL ENROLLMENTS** (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 #	

## CONGREGATION DONATIONS

Congregation Name: Perry Highway Evangelical Lutheran Church		Street Address: 11403 Perry Highway	
City: Wexford		State: PA	Zip: 15090
<b>Church Fund Designations:</b> <input type="checkbox"/> General/Operating <input type="checkbox"/> Endowment <input type="checkbox"/> Benevolence <input type="checkbox"/> Second Mile <input type="checkbox"/> _____	<b>Amount Per Donation:</b> \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ <b>TOTAL DONATION AMOUNT</b> \$ _____ (minimum \$5)	<b>Frequency of Donation: (Please check only one)</b> <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> <input type="checkbox"/> One Time Donation	
<b>Note:</b> The total amount will be transferred based on the frequency selected.		Date of First Donation _____	

Complete this section if you want donations to come from your **CHECKING OR SAVINGS ACCOUNT**

Donations 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 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 _____
<b>* ATTACH A VOIDED CHECK OR SAVINGS DEPOSIT SLIP FOR A NEW ENROLLMENT OR CHANGE IN BANK ACCOUNT ONLY</b>	

Complete this section if you want donations to come from your **CREDIT CARD**

Please charge my donation to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card	
Credit Card Number: _____	Expiration Date: _____
Name on Card: _____	
Billing Address (if different from above): _____	
<b>REQUIRED:</b> I authorize Thrivent Financial for Lutherans and Vanco Services, LLC to charge my credit card in accordance with the information above. This authority will remain in effect until I give reasonable notification to terminate the authorization.	
Signature (as it appears on the credit card) _____ Date _____	

<b>*** REQUIRED *** MUST BE COMPLETED BY CONGREGATION</b>		
Congregation Code: 0021133129	Envelope Number _____	Verifier Initials _____