

Mail completed form to:
Vanco Services, LLC
12600 Whitewater Dr. Suite 200
Minnetonka, MN 55343



Fax completed form to:
952-983-8665

Member Enrollment and Authorization Form

Complete This Section for ALL Enrollments (Please Print)

1	Last Name		First Name		Middle Initial
	Mailing Address		City	State	ZIP Code
Home Telephone Number		Work Telephone Number			
2	Check the appropriate box: <input type="checkbox"/> New enrollment/authorization <input type="checkbox"/> Change in authorized amount <input type="checkbox"/> Change in account				
3	Gifts/payments should be taken from:		REQUIRED: I authorize Thrivent Financial for Lutherans and Vanco Services, LLC to automatically withdraw contributions/tuition payments/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. Account Holder Signature _____		
	<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 _____				
*** ATTACH EITHER A VOIDED CHECK OR A SAVINGS DEPOSIT SLIP ***					

Complete This Section for Lutheran Congregation Donations

5	Congregation Name St. John's Lutheran Church		Street Address 850 Armstrong St.	
	City Portage	State WI	ZIP Code 53901	
Frequency of Funds Transfer (Please check only one): <input type="checkbox"/> Weekly on Monday <input type="checkbox"/> Weekly on Friday <input type="checkbox"/> Semi-monthly (transferred on 1st and 15th of each month) <input type="checkbox"/> Monthly on the 1st <input type="checkbox"/> Monthly on the 15th START DATE: _____ Church Envelope Number: _____		Church Fund Designations: General/Operating Building Evangelism/Outreach _____ _____ TOTAL	Amount \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____	

Complete This Section for Lutheran School Tuition Payments

5	School Name		Street Address	
	City	State	ZIP Code	
Total annual tuition for all family members Divided by number of monthly payments (see below) Amount of each monthly payment		\$ _____ \$ _____	Date of first payment: _____ Date of last payment: _____ Student's Tuition Number: _____	
Please contact your school for information on: • Payment duration options (e.g., 10 months or 12 months) • Date the first and last payments are due • Date during each month that the transaction will occur • Student's school tuition number				

Complete This Section for Lutheran Institution Donations

5	Institution Name		Street Address	
	City	State	ZIP Code	
Date of Monthly Gift Transfer (Please check only one): <input type="checkbox"/> Monthly on the 1st <input type="checkbox"/> Monthly on the 15th Amount of each monthly gift (minimum \$5) \$ _____		Date of first payment: _____ Date of last payment*: _____ * Note: If you want your gift to be given continuously until you notify us to change the amount or stop the gift, please write "CONT." as the date of the last payment.		

FOR CONGREGATION/INSTITUTION OFFICE USE ONLY

Congregation/Institution Code: _____	Date: _____
Envelope/Participant Number: _____	Verifier Initials: _____

Sample: Member Enrollment and Authorization Form

Individual participation in *Simply Giving*®

The *Simply Giving*® brochure that members, students and donors receive provides a brief explanation of the program and its benefits along with an enrollment form. Individuals participate in *Simply Giving*® by completing the enrollment form and returning it to the church, school or institution enrolled in the program.

Completing the Member Enrollment and Authorization Form

Your members, students or donors should follow these steps when completing their enrollment form.

1. Using black ink, complete the personal information section, including name, address and telephone number.
2. Indicate whether this is a new enrollment/authorization, a change in amount, or change in account.
3. Indicate the account type, routing number, and account number. Attach a voided check or savings deposit slip to the enrollment form.
4. Sign on the authorized signature line.
5. Complete the appropriate section for the institution that will benefit from your giving.

For Your Congregation:

- Provide the congregation name and address.
- Select the frequency of your contribution.
- Designate the funds to which you'd like your contribution to go, and the amount.

For Lutheran School Tuition:

- Provide the name and address of the institution receiving the tuition.
- Calculate the amount of each monthly tuition payment.
- Determine the date of your first and last payment. Contact your school for tuition payment dates.

For Your Lutheran Institution Donation:

- Provide the name and address of the institution receiving the gift.
- Select the date of the monthly gift transfer and the amount of each monthly gift.
- Determine the date of your first and last payment.

6. Return the completed enrollment form to the Lutheran congregation, school or institution benefiting from your giving.