

SIMPLY GIVING

MEMBER ENROLLMENT & AUTHORIZATION

Electronic Fund Transfer for contributions to Crown of Glory Lutheran Church, Chaska Minnesota

Check the appropriate box:

- New enrollment/authorization *
- Change in bank account *
- Change in authorized amount

Last Name _____ First Name _____ M.I. _____

Mailing Address _____

City _____ State _____ Zip _____

Home phone _____ phone _____

Donations/payments should be taken from:

- Checking (attach a voided check)
- 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**

Congregation Name: Crown of Glory Lutheran Church Address: 1141 Cardinal St. Chaska MN 55318

Church Fund Designations: Amount Per Donation

General/ Operating \$ _____
Building \$ _____

TOTAL DONATION AMOUNT \$ _____ (minimum \$5)

Frequency of Donation: (Please check only one)

- Semi-monthly (transferred on 1st and 15th of each month)
- Monthly on the 1st
- Monthly on the 15th

Date of First Donation _____

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

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

Congregation / Institution Code _____	Envelope Number _____	Verifier Initials _____
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