

SIMPLY GIVING MEMBER ENROLLMENT & AUTHORIZATION FORM

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

Check the appropriate box: <input type="checkbox"/> New enrollment/authorization* <input type="checkbox"/> Change in bank account* <input type="checkbox"/> Change in authorized account	Last Name _____	First Name _____	M.I. _____
	Mailing Address _____		
	City _____	State _____	ZIP _____
	Home Phone # _____		Cell 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 a 0, 1, 2, or 3

Account Number: _____

REQUIRED:

I authorize Thrivent Financial for Lutherans and Vanco Services, LLC to automatically withdraw offerings/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**

Complete this section for Lutheran **CONGREGATION DONATIONS** (Please print in black ink)

Congregation Name Atonement Lutheran Church	Street Address S70W16244 Martin Dr.	
City Muskego	State WI	ZIP 53150
Church Fund Designations: Amount Per Donation: Ministry Plan \$ _____ All Peoples Church \$ _____ Total Donation Amount \$ _____ (minimum \$5)	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 1st and 15th of each month) <input type="checkbox"/> Monthly on 1st <input type="checkbox"/> Monthly on 15th Date of First Donation _____	
Note: The total amount will be transferred based on the frequency selected.		

*****REQUIRED*** MUST BE COMPLETED BY CONGREGATION**

Congregation Code: _____	Envelope # _____	Verifier Initials _____
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