

®

Joyful Response Electronic Offering Program

Enrollment/Change Form

Complete this form and return it to the church office to begin or change your current stewardship offering. Your offering will be made automatically from your bank account.

Check the appropriate box:

- New enrollment
 Offering change
 Account information change

Please Print in Black Ink

Member Last Name	First Name	MI	Daytime Telephone
Mailing Address		City, State, ZIP	Email Address
<i>Immanuel Lutheran Church</i>		<i>715-423-3260</i>	
Congregation Name		Congregation Telephone Number	
<i>111 11th St N</i>		<i>Wisconsin Rapids, WI 54494</i>	
Congregation Mailing Address		City, State, ZIP	

My Offering

Fund Designations:	Amount:
1. <u>One Fund</u>	\$ _____
2. <u>Tuition</u>	\$ _____
3. _____	\$ _____
4. _____	\$ _____
TOTAL	\$ _____

Debiting Account

Debit from:

- Checking
 Savings

Transfer Date (check one):

- Weekly** (Monday)
 Semi-monthly (1st and 15th)
 Monthly on the 1st
 Monthly on the 15th

Account Number

Start date: ___ / ___ / ___

Routing Number (First nine numbers in

End date (if any): ___ / ___ / ___

bottom left-hand corner of check)

Authorization

I authorize the above-named organization and Vanco Services, LLC to process debit entries from my account. This authority will remain in effect until I give reasonable notification to terminate this authorization or until the last specified payment date.

Authorized Signature for Account

Date

TO BE COMPLETED BY CHURCH OFFICE

Attach void check

Member ID# _____ Initials _____

or savings deposit

Vanco Client ID# _____ Date _____

slip here.

