



Member Enrollment and Authorization Form

Return completed enrollment form to: **Lutheran Church of the Good Shepherd, 357 Clay Street, Reno, NV 89501**

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 amount	Last Name		First Name		M.I.
	Mailing Address				
	City		State	Zip	
	Home Telephone #		Work Telephone #		

CONGREGATION DONATIONS

Congregation Name: Lutheran Church of the Good Shepherd		Street Address: 357 Clay Street	
City: Reno		State: NV	Zip: 89501
Church Fund Designations: General/Operating _____ \$ _____ Building _____ \$ _____ Other (Please Specify): _____ \$ _____ _____ \$ _____ TOTAL DONATION AMOUNT \$ _____ (minimum \$5)	Amount Per Donation: _____ \$ _____ _____ \$ _____ _____ \$ _____	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 1 st and 15 th of each month) <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th Date of First Donation _____	
Note: The total amount will be transferred based on the frequency selected.			

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) Routing Number _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number _____	REQUIRED: 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. Account Holder Signature _____ Date _____
* ATTACH A VOIDED CHECK OR SAVINGS DEPOSIT SLIP FOR A NEW ENROLLMENT OR CHANGE IN BANK ACCOUNT ONLY	

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):					
REQUIRED: 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 _____					

*** REQUIRED *** MUST BE COMPLETED BY CONGREGATION		
Congregation Code: 0018973875	Envelope Number _____	Verifier Initials _____