



Member Enrollment and Authorization Form

Return completed enrollment form with your commitment card.

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 donation amount <input type="checkbox"/> Change in donation date <input type="checkbox"/> Discontinue electronic donation	Last Name _____		First Name _____		M.I. _____
	Mailing Address _____				
	City _____		State _____		Zip _____
	Telephone _____		Email _____		
Donations/payments should be taken from: <input type="checkbox"/> Checking (attach a voided check) <input type="checkbox"/> Savings (attach a savings deposit slip)			REQUIRED: I authorize Lutheran Church of Honolulu and Vanco Services, LLC to process debit entries to my account my account. I understand this authority will remain in effect until I give reasonable notification to terminate the authorization.		
Routing Number _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i>			Account Holder Signature _____ Date _____		
Account Number _____					

*** ATTACH A VOIDED CHECK OR SAVINGS DEPOSIT SLIP FOR A NEW ENROLLMENT OR CHANGE IN BANK ACCOUNT ONLY**

Complete this section for Lutheran **CONGREGATION DONATIONS**

Congregation Name: Calvary by the Sea Lutheran Church		Street Address 5339 Kalaniana'ole Highway	
City: Honolulu		State: Hawaii	Zip: 96821-1933
Church Fund Designations: _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____ TOTAL DONATION AMOUNT \$ _____	Amount Per Donation: _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____ (minimum \$5)	Frequency of Donation: (Please check only one) <input type="checkbox"/> Monthly on the _____ <input type="checkbox"/> Weekly on _____ <input type="checkbox"/> Bi-weekly (every other week) <input type="checkbox"/> One Time	
Note: The total amount will be transferred based on the frequency selected.		Date of First Donation _____ Date of Last Donation _____ (optional)	

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

Congregation / Institution Code **504759348** Envelope Number _____ Verifier Initials _____

ENROLLMENT INSTRUCTIONS:

- Using black ink, complete the personal information section including name, address and telephone numbers.
- Indicate whether this is a new enrollment/authorization, a change in amount, or a change in bank account.
- Indicate the account type, routing number and account number. Attach a voided check or savings deposit slip to the enrollment form for a new enrollment or change in bank account.
- Sign and date the Account Holder Signature section.**
- Complete the appropriate section with the institution name and address that will benefit from your giving. For Your Lutheran Congregation Offering:
 - Designate which fund(s) your donation should go to and the amount.
 - Select the frequency of your offering.
- Return the completed enrollment form to the Lutheran congregation, school or institution benefiting from your giving.**

PRIVACY / CONFIDENTIALITY: This Authorization Form is seen by the nonprofit Lutheran organizations enrolled in Simply Giving® as well as by the Vanco Services employees who process it. In addition, participant name and address information may be provided to Thrivent Financial for Lutherans. Participant information will not be shared with any other organizations.